may be retained by it

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9203 **CERTIFICATE OF DEATH** 

Rea Dist No

U9177

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Ohio b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. STREET ADDRESS  371 North Abbe Road  e. IS RESIDENCE ON A FARM? YES NO F
Adams, Jr. 4. DATE Month Day Yeor DEATH August 21, 19 58
B. DATE OF BIRTH  February 2, 1955  9. AGE (In years last birthday)  Manths Doys Hours Min.
U.S.A.  11. BIRTHPLACE (Stole or foreign country)  U.S.A.  14. MOTHER'S MAIDEN NAME
Marcella Wright
INFORMANT The Medical Record Address
The Clinical Center, Bethesda 14, Maryland
T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) ictory, street, office bldg., etc.)
n occurred at 9:30 Am, from the causes and on the date stated above.  ADDRESS (Street, city or town, stote)  The Clinical Center  National Institutes of Health  Bethesda li. Maryland
DR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
metery Jackhorn Kentucky
nd DATE 116 2 2 58 Orthur & Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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#### FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessary, please execute the certificate, writing the word "pending" in pendi in tem, 18. Give Pages 1.2 and 3 to the funeral director. Page 4 should be forwarded the Chief Medical Examiner's Office along with farm PM3.

TO FUNERAL DIRECTOR age 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremotion, or removal, and in purprevent within 72 hours ofter death. M

VS. A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9205 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	0200	Reg, Dist. No.
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	a. COUNTY MONTAGEMENT MARYLAND	o. STATE b. COUNTY mon't
2	b. CITY OR TOWN III outside serporate limits, wate RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-	Ades Aures ton	× 14. 1-
	d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. 15 RESIDENCE
)	(St. )	ON A FARM?
	2800 Juttand Rd	1 1800 Squares Ry 1100 1100
	3. NAME OF DECEASED First Middle	Last 4. DATE Month Day Year
	(Type or print) OThelia Dressel (inc	Versin GEATH ling 3 1958
-	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	cut highban)
5.1	Flevel While WIDOWED DIVORCED	7-24-1888 70 yrs. Months Days Hours Min.
8	196 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	(during most of working life, even if refired) Own home	Ill usa.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Rot Harris	m 711 P. 1
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT CARRIED
	[Yes, no, er unknown] [If yes, give war ar dates al service] 122-09-2740   73	FORMANT 2800 Jutland, Rd.
	no	L. Cuiderson server Spring Mid howen
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
6	IMMEDIATE CAUSE (a) / Louise ( Mayer	her heart desease sudder
	434.1 DUE TO	
6	Canditians, if ony, which) (b) Abdomual a	Estes 3 days
	gave rise to immediate couse (a), stating the underlying  DUE TO	
	couse fast. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
3	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	PERFORMED? YES NO NO
3	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (E)	nter noture of injury in Port I or Port II of item 18.)
F-	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
	3 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State)
	Haur a. m. While Not while facto	ry, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above	
	opinion death resulted from: Notural causes (), Accident	, Suicide , Homicide , Undetermined monner
	4	DATE SIGNED
	SIGNATURE Trank 9. / Insthant	_M.D. CHIEF MEDICAL EXAMINER
-	EXAMINER'S	ASSISTANT MEDICAL EXAMINER
	NAME (Type) /- LANK J. BLOSCHZNT	DEPUTY MEDICAL EXAMINER A 8-3-57
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	REMOVAL(Specify) BURIAL 8/6/58 ARLINGTON NATIO	NAL CEMETERY ARLINGTON, VIRGINIA,
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	Maruer & Tumphrey, SILVER SPRING.	MD. DATE AUG 5 58 COMPERATOR
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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

3400				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY  Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Virginia	nere deceased lived. If institution b. COUNTY	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN C
b. CITY OR TOWN (If outside corporale limits, write	c. LENGTH OF STAY IN 16		outside corporate limits, write RUF	Fauguler RAL and give nearest town)
RURAL ond give negrest town)  Bethesda	38 days	Upperville	0.0	_ 3
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION		d. STREET ADDRESS  (No street	addross)	e. IS RESIDENCE ON A FARM? YES NO ST
The Clinical Center, Bet.  3. NAME OF First	Middle		T	
(Type or print) Mason Fitzh	ugh Ball	Lost	4. DATE Month OF DEATH August	Day Yeor 17 1958
5. SEX 6. COLOR OR RACE 7. MAI	RRIED MEVER MARRIED	8. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOV		June 28, 1897	61 yrs.	Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10t during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Sanitation Inspector	Sanitation	Virginia		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Charles F. Ball		Bessie Sc	ott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	S. SOCIAL SECURITY NO. 17.	NFORMANT The Med	ical Record Addres	\$
yes WW I	None T	he Clinical C	enter, Bethesda	14. Maryland
Conditions, if ony, which gove rise to immediate couse (a), stoling the under-lying couse lost.  Conditions, if ony, which gove rise to immediate couse (a), stoling the under-lying couse lost.  Conditions, if ony, which gove rise to immediate couse (b).  DUE TO  DUE TO  PART II. OTHER SIGNIFICANT CONDITIONS	itus fost sple	nextorms for stephens	Aplesomegaly	12 days 12 days
E Manid, Rend littue	SCRIBE HOW INJURY OCCURRE			PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Year 20d. Hour a. m.		ACE OF INJURY (Home, form, clory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the decear alive on August 17  ACTUAL SIGNATURE  PHYSICIAN'S NORMAN R. Gevert: NAME (Type) Norman R. Gevert:	258 and that death	occurred at 6:45 M.D. The C1	PM, from the couses one ADDRESS (Street, city or town, sto inical Center al Institutes of	d on the date stated above 10 PATE SIGNER 8-18-58  of Health
220. BURIAL, CREMATION, REMOVAL (Specify) 1°9 mo Val 8/20/58	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or	
7 = 0/ )0	Ol Tith St.		D BY REGISTRAR 24b. REGISTR	RAR'S SIGNATURE
The S.H. Hines Co. Wa	chington O	D a	0.00	wa S. Kraus
and a state of the	SHIR COH 9.	D.C. DATE EN	G 2 0 '58   Cirll	un s. Thanks

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNCRAL DIRECTOR:

This certificate has been signed by the attending physician on mpletely filled in by the funeral director page 3 should be detacked for use as the burial-transit permit. Then please remove carbon-pagers. Pages 1 and 2 should be filed with inpletely filled in by the funeral director pers. Pages 1 and 2 should be filed with D FUNERAL DIRECTOR: This certificate has been signed by the attending physician are page 3 should be detacted for use as the burial-transit permit. Then please remove carban page the registrar prior to burial, crematian, ar removal, and in any event within 72 hours effer death. VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	to be retained by the haspital or attending physician.  FUNERAL DIRECTOR be this certificate has been standed by the ottending physician of published in by the funeral director.

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L	JALU CERTIFIC	CATE OF DEATH	Reg. Dist. No.
1.	PLACE OF DEATH O. COUNTY MONT 90M CHY MARYLAN	o STATE's	b. COUNTY Montgom Cay
	b. CITY OR TOWN (If outside corporate limits, write / c. LENGTH OF STAY IN 1 RURAL and give negrest lown)  5 whs	takoma Park	limits, write RURAL and give hearest town)
3	d. NAME OF HOSPITAL (If not in Mospital, give street oddress) OR INSTITUTION POOKE Grove Foundation	80 4 maple wa	od ave. S RESIDENCE ON A FARM? YES NO 12
3.	NAME OF DECEASED (Type or print) Wilhelmina Bau	er Becker 4. DATE OF DEATH	aug. 6 1958
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	16: 100 7 0	AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Haurs   Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stole or foreign count Novth Dakoto	12. CITIZEN OF WHAT COUNTRY?
13	John Bauer	Katherine 7	jungen
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 11 (If yes, give wor or date of service)	Nospital Rec	Address Lev d S
	PART I. DEATH WAS CAUSED BY:  STATE OF DEATH (c) IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which (b)	twe heart fa	iline Interval Between onset and Death  2 days
z	gave rise to immediate cause (a), stating the under-lying cause lost.  DUE TO  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	e cholecystit	ONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
STA STA	Crowindized a	arteriorleron	PERFORMED?
CERTIFICATION	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I ar Part II	of item IB.)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e Haur a. m. 19 While Not while at wark of wark	PLACE OF INJURY (Home, farm, 20f. (City ar factory, street, affice bldg., etc.)	town) (Caunty) (State)
	21. I certify that I attended the deceased from 6/2 alive on 1956, and that deceased from 1956, and tha	ath occurred at 7 4 p.M. fram t	he causes and an the date stated above to city or town, state)  DATE SIGNED  SOLUTION OF THE STATE SIGNED
	PHYSICIAN'S EINO MAGILIA	Silver Simi	ng Manyland
7	REMOVAL (SPERIFY) 226. DATE THEREOF 220 MANE OF CEMETER DUCK 10-58 LEVEL SEARCH	Lowelety Ill	erta faciada
123	JUNEAU DIRECTOR'S SIGNATURE 1 254 ADDRESS COM	DATE DATE	24b. REGISTBAR'S SIGNATURE
1		/ Miles	o Whesuch

	TE OF DEATH		
980 3 3 3 3			
		District General	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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NAME OF THE PARTY			
		Ministration (1970)	
			Carrison CE II Allen I II
			STATE OF STREET
	MERCEN STATE		

FOR STATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1. 2, and 3 to the funeral different. Page 4 should be forward as the Chief Medical Examiner's Office along with form PM3. If 5 may be retained for your filty.

TO FUNERAL DIRECTOR age 3 should be used as a burial-transit permit. File pages Ad 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOR	E, 18
79 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	

		Items 7 & 8, Film G	CAL EXAMINER'	S CERTIFICAT	E OF DEATH	Reg. Dist. No.
	1, 1	PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institut b. COUNTY	ion; Residence before admission)
	b	D. CITY OR TOWN (If outside corpstute limits, write RURA) and give nearestrown)		c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give narest town)
	d	Treforma South	in hospital, give street/address)	d. STREET ADDRESS	one Van	e, 15 RESIDENCE
0		7216 Willow	ave	172160	Willow a	ON A FARM?
		NAME OF DECEASED (Type or print) Carolin	a Gibson	Berry	4. DATE Month OF DEATH	Doy Yeor
	5. S	Seeml white My	ARRIED NEVER MARRIED DIVORCED DIVORCED	12/1/13/4/9	9/1/ Le 7 yrs.	IF UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
	0	USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired)	De. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		rather's NAME	3	14. MOTHER'S MAIDEN NA	9. Toda	
		WAS DECEASED EVER IN U. S. ARMED FORCES?  If yes, give war ar dates at service)	1	ary Berry	Van - 3-	of Col. for NW
		18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		stmair	& luci	INTERVAL BETWEEN ONSET AND GEATH
		Conditions. if ony, which gove rise to immediate cause (a), stating the underlying couse last.  (c)	ish generals	ged met	actoris	8 m
0	ATION	PART II, OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMIN	NALDISEASE CONDITION GIVE	N IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 12
	CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY OF OCONTRIBUTING CAUSE OF DEATH.	CRIBE HOW INJURY OCCURRED.	Enter noture of injury in Port I	l or Part It of item 18.)	TO NO NO
	MEDICAL	Hour a.m.	20d. INJURY OCCURRED 20e. PLA While Not while fact of work of work	CE OF INJURY (Home, form, lory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
		21. I certify that I took charge of tapinian death resulted fram: Natur			440	Inquiry 🔀, and in my
		ACTUAL SIGNATURE Jack J. B.	neheut	M.D. CHIEF MEDICAL EXA		DATE SIGNED
2		EXAMINER'S FANKJ.	Broschent	DEPUTY MEDICAL EX		-13-58
		Burial, CREMATION, REMOVAL (Specify) 8/15/58	Rock Creek		22d. LOCATION (City, town, or	233
		FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D	BY REGISTRAR 246. REGIST	RAR'S SIGNATURE
	T	he S. H. Hines Co.	Washington, D.	. C. DATE AUG	3 1 5 '58 Chi	hun I. Threater

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Engineer

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20b. DESCRIBE HOW INJURY OCC

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Road, Roc

22c. NAME OF CEMETE

Parklawn

ot work

20d. INJURY OCCURRED

While

of work

Pumphrey-Bethesda, Md.

Page

after death.

within 24

executed

requires that the death certificate be

9211

PLACE OF DEATH

NAME OF

Male

5. SEX

(Type or print)

13. FATHER'S NAME

No

CERTIFICATION

MEDICAL

Montgomery

RURAL ond give necrest town)
Bethesda

Daniel Billich 15. WAS DECEASED EVER IN U. S. ARMED FORCES?

Conditions, if any, which

gove rise to immediate

couse (o), stoting the underlying couse lost.

20c. TIME OF INJURY Month,

Hour o. ft.

ACTUAL

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

Burial

Robert

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

b. CITY OR TOWN (If outside corporate limits, write

d. NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION
508 Oakmont Avenue

6. COLOR OR RACE

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]

DUE TO

DUE TO

Day, Year

21. I certify that I attended the deceased from

ephen

22b. DATE THEREOF

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT

White

WILLIAM

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

CERTIF

IC/	ATE OF DEATH	1		Reg. Dist	. No.	031	06.
ND	2. USUAL RESIDENCE (WHO O. STATE Marylan		b. COUNTY	en: Residence		re admissi	on)
16	y c. CITY OR TOWN (If o					rest town	)
	Bethesda						
	d. STREET ADDRESS		75/04/20 11/1			e. IS RESI	DENCE
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		kmon	0 0	V			
CH	Lost	4. DATE OF	Mont		Day		ear
		DEATH	Trababo	13,			9 58
	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months {	YEAR Days	Hours	R 24 HRS.
	Sept. 25.1	900	57 yrs.	10 1	8	Hours	min.
NDU:	TRY 11. BIRTHPLACE (Stote	or foreign c	country)	12. CITIZ	ZEN O	F WHAT	COUNTRYP
	Pennsylv	ania		II	SA		
	14. MOTHER'S MAIDEN N					/	
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BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 15	PERFO	NO P
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RY O	CREMATORY	22d. LOCA	TION (City, town, a	r county)		(Stote	1
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240. REC'D BY REGISTRAR AUG 1 5 '58

246. REGISTRAR'S, SIGNATURE

TO HOSPITAL OR VS A15 (4) 15M 9/55

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO X Day Year 12, 58 August 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. The Medical Record ddress The Clinical Center, Bethesda 1/1. Maryland INTERVAL BETWEEN ONSET AND DEATH 15 min. Brain metastasis - carcinoma of Cervix Uteri l yr. yrs. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO THE (County) (Stote) 58, to August 12, 19 58, that I last saw the deceased and that death accurred at 4:104 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

15M 10/57

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23. FUNERAL DIRECTOR'S SIGNATURE

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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COUNTY MARYLAND

24b. REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR

DATE

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Montg Montgomery Marvland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney 2 days Olney e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Montgomery County Gen. Hosp. YES NO NO NAME OF 4. DATE Month Lost Year DECEASED Boccabella Aug. 29,1958 DEATH Barry Dennis (Type or print) 19 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Maryland USA none student 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Raymond G. Boccabella Helen Irene Skelton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address IVes no or unknown) (If yes, give war or dates of service) Hosp. Record 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral edema & laceration davs IMMEDIATE CAUSE (a) DUE TO Bullet wound thru skull Conditions, if any, which gave rise to immediate cause DUE TO (o), stoling the underlying couse lost, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NOL 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) PRIMARY DOT CONTRIBUTING CAUSE OF DEATH. Playing with 32 cal.revolver Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, (County) i 20f. (City or fown) (State) Not while factory, street, affice bldg., etc.) While Olney Montg. Md. at work of work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection . Inquiry . and in my opinion death resulted fram: Natural couses , Accident 4. Suicide . Homicide . Undetermined monner DATE SIGNED ACTUAL Frank J. Broschart CHIEF MEDICAL EXAMINER SIGNATURE 8/29/58 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER PO NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (State) REMOVAL (Specify) BUR TAL 1958 GATE OF HEAVEN CEMETERY MONTGOMERY

ADDRESS

SILVER SPRING, MD.

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VS A15 (4) 15M 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9214

#### CERTIFICATE OF DEATH

307.3	0_1(1111101		Reg. I	Dist. No.
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryland	e deceased lived. If institution: Reside b. COUNTY MON	ence before admission) tgomery
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give neorest tawn) Rural-Potomac	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide corporate limits, write RURAL and A	d give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION Ropine Rest Home	treet address)	Route	#3	e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF DECEASED (Type or print) FRANCES	Middle S. BOI	TON 4	OF DEATH August	Day Year 7 1958
Remole   White	MARRIED NEVER MARRIED 5	July 26,184	9. AGE (In years IF UNDE Jast birthday) Mogths	R 1 YEAR IF UNDER 24 HRS. Days Haurs Min.
10o. USUAL OCCUPATION (Give kind af work dane during mast of warking life, even if retired) HOUSEWITE	106. KIND OF BUSINESS OR INDUS Own Home	TRY 11. BIRTHPLACE (Stole or Maryland		ITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
John T. Sipes		Eliza Hill		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (It yes, give wor or dates of service)	Man o	wis Edward	Bolton Same	as Item 3.
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stoting the under- lying couse lost.  Conditions (b)  DUE TO  (c)	Cone	metritio er of The	Liver	2 mo. 3 mo.
PART II. OTHER SIGNIFICANT CONDITION  20a, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH URF EITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED? YES NO P
	DESCRIBE HOW INJURY OCCURRED	. (Enter noture at injury in Per	i I ar Pari II at Hem 18.)	
Hour o. n.	0d. INJURY OCCURRED 20e. PLA fact work of wark	CE OF INJURY (Home, farm, lory, street, affice bldg., etc.)	20f. (City or tawn)	(Caunty) (State)
21. I certify that I attended the decalive an	Jaggerefi-	occurred at 1/25 f.)  AD  AD  Chevy Chase,	M, from the causes and an DRESS (Street, city or town, state)	the date stated above DATE SIGNE
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 8-30-58	2c. NAME OF CEMETERY OR Potomac Chu	rch Cem.	d. LOCATION (City, town, or county)  Montgomery Co	(5.5.5)
23. FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHRE	ADDRESS Y Bethesda,		Y REGISTRAR 24b. REGISTRAR'S S	IGNATURE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 shauld be detach.

The burial-transit permit. Then please remave carban the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/S7

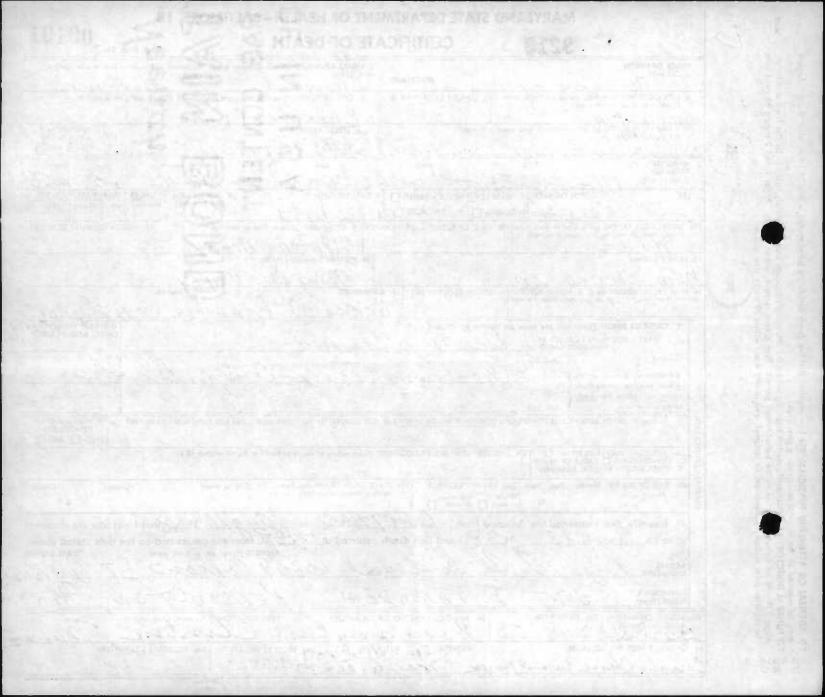
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

215 CERTIFICATE OF DEATH

Reg. Dist. No.

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1. PLACE OF DEATH g. COUNTY	
maryland . Maryland	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If oylside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
No.	X Chevey Chase
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
Konsington GArdens Sanitarium	3703 Spring Street YES NO 1
3. NAME OF First Middle  (Type or print) Middle Flight BR	ADEOR DEATH OUL 18 198
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   FUNDER 1 YEAR   IF UNDER 24 HRS.
F Willite WIDOWED DIVORCED	11/22/1896 W yrs.
100. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)	OUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wim Stevenson	Mary Mr. Neily
	INFORMANT / Address
(Yes, no. or unknown) (If yes, give wor or dates of service)	Nelson O. Bradford 3705 Spring
1B. CAUSE OF DEATH [Enter only one couse per lipe for (o), (b), and (c).]	INTERVAL BETWEER ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Inema
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Conditions, if ony, which ) the Constitutions	Black - On Brig Blacks
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couse (o), stoting the under-	
couse (a), stating the under- lying cause lost.  DUE TO  (c)	
couse (a), stating the under- lying cause lost.  DUE TO  (c)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Couse (a), stating the under   DUE TO     lying cause lost.   (c)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY	PERFORMED? YES NO
Couse (a), stating the under (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BY  20b. DESCRIBE HOW INJURY OCCURING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
Couse (o), stating the under (c)    Ving cause lost.   Co.	PERFORMED? YES NO
Couse (a), stating the under (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BY  20b. DESCRIBE HOW INJURY OCCURING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES NO (County)  PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)
DUE TO    Jying cause lost.   Cc     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY    20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     20b. DESCRIBE HOW INJURY OCCUR!     20c. TIME OF INJURY Month, Doy, Year   20d. INJURY OCCURRED   While   Not while   Of work   Of work   Of work     21. I certify that I attended the deceased fram.   20d. INJURY OCCURRED   20e. INJURY OCCURRED	PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES NO (County)  PLACE OF INJURY (Home, form, larger and larger
DUE TO    Jying cause lost.   Cc     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY    20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)     20b. DESCRIBE HOW INJURY OCCUR!     20c. TIME OF INJURY Month, Doy, Year   20d. INJURY OCCURRED   While   Not while   Of work   Of work   Of work     21. I certify that I attended the deceased fram.   20d. INJURY OCCURRED   20e. INJURY OCCURRED	PERFORMED? YES NO PERFORMED? YES NO (County)  PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)  No (State)  That I last saw the decease the occurred at A. from the causes and an the date stated abave.
DUE TO    Jying cause lost.   Cc     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR! OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work   of work   of work   20e.	PERFORMED? YES NO NO RED. (Enter noture of injury in Port I or Part II of item 1B.)  PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.)  19
DUE TO    lying cause lost.   Cc     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY    20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH OF CONTRIBUTING   CONTRIBUTING TO DEATH BY    20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH OF CONTRIBUTING TO DEATH BY    20b. DESCRIBE HOW INJURY OCCURRED   While of work   Of	PLACE OF INJURY (Home, form, 20f. (City or town)  PLACE OF INJURY (Home, form, 20f. (City or town)  PLACE OF INJURY (Home, form, 20f. (City or town)  (State)  The country of the deceased the occurred at (2, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10
DUE TO    Jying cause lost.   Cc     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR! OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER. NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work   of work   of work   20e.	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.)  The occurred at A. M., from the causes and an the date stated obave
DUE TO    Jying cause lost.   Cc)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY    20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   CAUSE OF DEATH   CAUSE OF DEATH   CAUSE OF DEATH   CONTRIBUTING   CAUSE OF DEATH   CAUSE OF D	PLACE OF INJURY (Home, form, 20f. (City or town)  PLACE OF INJURY (Home, form, 20f. (City or town)  Factory, street, affice bldg., etc.)  The occurred at 2 M, from the causes and an the date stated obave ADDRESS (Street, city or town, stote)  DATE SIGNED?  YES NO (State)  (State)  ADDRESS (Street, city or town, stote)  DATE SIGNED?  YES NO (State)
DUE TO    Jying cause lost.   Cc     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR! OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year   20d. INJURY OCCURRED   While   Not while   of work	PERFORMED? YES NO PERFORMED? YES NO (County)  PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)  PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)  Tactory, street, affice bldg., etc.)  The occurred at 2 (M, from the causes and an the date stated obave and the date stated



execute the certificate, v 4 shauld be farwarded FUNERAL DIRECTOR

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VS. A1SME 5M 2/57 designated

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH e. COUNTY b. COUNTY MARYLAND amore c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest fown) b. CITY OR TOWN III ou e. IS RESIDENCE d. NAME OF OR INSTITUTION (If not in hospital, give street address) d. STREET ADD ON A FARM? YES NO 3. NAME OF Middle 4. DATE Last Month DECEASED (Type or print) DEATH 6. COLORBOR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE |In years IFUNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Hours WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? MRMED FORCES? 17. INFORMANT SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). DINSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) The 15 min DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO TO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) PRIMARY OF CONTRIBUTING 20d. ONJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Doy, Year 20f. (City or town) 20c. TIME OF INJURY (County) (State) factory, street, office bldg., etc.) Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry and in my opinion death resulted from: Natural couses , Accident , Suicide , Homicide , Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 8-28-5 **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 270. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 8/30 Washington D. C. Olivet Cemt 240. REC'D BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 9217 Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed mont b. COUNTY MARYLAND death. the funeral shauld be fi b. CITY OR TOWN of autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) mo. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Brookel vou e YES NO Z 3. NAME OF DATE Day Month Year DECEASED (Type or print) DEATH 195 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH lost birthdoy) Months Days Hours WIDOWED [ DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dyring most of working life, even if retired) EWSDONEr WOrk 20 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM of 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO Canditions, if any, which gave rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour a. fl. factory, street, office bldg., etc.) Not while at work of work 21. I certify that I attended the deceased from. 195X, that I last saw the deceased and that death accurred at 8 3 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL AL DIRECT prior pinous PHYSICIAN'S NAME (Type) ന 220. SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR arthur S. Frank 15M 9/55

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1.	PLACE OF DEATH o. COUNTY	ntgomery			MARYLAND		SUAL RESIDEN		_	d lived. If institu b. COUNT			ne ry	
Г	b. CITY OR TOWN (IF RURAL and give nec	outside corporate lim grest town)	its, write	c. LENGTH OF	STAY IN 16				•	prote limits, write	RURAL on	d give ne	arest town	n)
-	Olney				ek	X			town					
	d. NAME OF HOSPITA OR INSTITUTION Monte	romery Co		oddress) en. Hos	pital	1	R.F							FARM?
3.	NAME OF DECEASED		rst		Middle		Lost		4. DATE OF		onth	D	оу	Yeor
	(Type or print)	Pa.u		1.			tte		DEATH				-	19 50
	SEX	6. COLOR OR RACE	7. MARI		WARRIED [	B. DA	TE OF BIRTH	7.0	00	9. AGE (In year lost birthday)			Hours	ER 24 HRS. Min.
_	Male  . USUAL OCCUPATION	White		-		TOVI	LLV 25	10	98	60 yrs		ITI7ENI /	DE WHAT	COUNTRY
100	during most of worki	ng life, even if retired	)		arm	SIKI	Boyd			ountry)	12.		SA	COUNTRY
13	FATHER'S NAME	farmer		OMII T	et ["III	14	MOTHER'S MA							
1.0.		rd Burdet	te			'`	Laura	-						
	WAS DECEASED EVER			SOCIAL SECURI	TY NO. 17. 1	NFOR		- A - A	01120	Ad	dress			
(Y4	Yes [1	t yes, give wor or dates of		15-36-4	4661 M	rs	Bertha	a 0	. Bui	dette,	Ger	man	town	,Md.
	18. CAUSE OF DEAT	8. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c).]												
	I PARI I. DEAI	H WAS CAUSED BY:	A .	3	EECT		CLEST	Edm	WAL	UREM	110	ON	SEI AND	DEATH
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CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	0	CONTRIBUTING	TO DEATH BUT	TON	RELATED TO TH		NÅL DISEAS	E COMDITION G	IVEN IN P	ART 1(o)	PERFC	AUTOPSY ORMED?
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	20b. DES	CRIBE HOW INJ	ÚRY OCCURRE	D. (En	ler noture of in	jury in F	Port I or Por	t II of item 1B.)				
MEDICAL	20c. TIME OF INJURY	Month, Doy, Ye		NJURY OCCURRI		ACE C	F INJURY (Honstreet, office ble	ne, form	, 20f. (City	or town)		(County)	)	(Stote)
MED	Hour o.m.	19	While of wor	k ot work		,,		ag., vic.	1					
	21. I certify the	ot I attended the	deceas	ed from 4	~~~/			o a	3	1951	,that	I last s	aw the	decease
П	alive on_G	30	, 19_5	F, ond	that death	acc	urred at 4	08	M from	m the causes	and on	the do	ote state	ed obove
	7-	7		in			o .			treet, city or town				ATE SIGNE
	ACTUAL SIGNATURE	2 1 Can	- de	as Qu	- cu	M.D.	11Ruic	20	HEAR	TREBLE	76.		9/	12.6
L	PHYSICIAN'S MAME (Type)	MCKEN	PRE	& Boy	ek, M	2,	() or	4	2 c u :	, Mei	2466	2~2		
22	BURIAL, CREMATION REMOVAL (Specify)	Sent 2	0F		F CEMETERY O			n		TION (City, town,	or county	)	(Stot	te)
23.	FUNERAL DIRECTOR'S	- /		/ ADDRESS					D BY REGIS		SISTRAR'S	SIGNATU	IRE	
	Ullin I.	Moles	unt	h Da	lmascu	S,	Ma	ATE S	SEP 4	100	aritun	8. to	inud	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: The this certificate has been signed 3 should be detacted for use as the burial-transit



the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death

pr this certificate has been signed by the attending physician afor use as the burial-transit permit. Then please remove carbo

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mpletely filled in by the funeral director, appers. Pages 1 and 2 shauld be filed with

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 9220 Rea. Dist. No. il director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Nd eral be f b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 0 shoul d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO in b NAME OF 4. DATE Middle Month Day Year filled DECEASED OF DEATH (Type or print) 19 6. COLOR OR RACE 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED Months Haurs Min. DIVORCED WIDOWED IT 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife ItiMake 9 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John N. Mattane Agnes Doyle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending None eose 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO permit. any Conditions, if ony, which gned gave rise to immediate DUE TO 2 couse (o), stoting the underburial-transit present removal, and lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate has YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 9 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) use cremat Hour o m Not while of work of work 21. I certify that 1 attended the deceased from that I last saw the deceased M, from the causes and on the date stated above. alive on and that death occurred at / -ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL 4890 Battery La. Beth. Md. should PHYSICIAN'S FUNERAL 4890 Battery Lane, Bathesda, Maryland Charles J. Savarese. Jr. NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

New Cathedral

**ADDRESS** 

Bethesda, Maryland

22d. LOCATION (City, town, or county)

24o. REC'D BY REGISTRAR

DATE SEP 2

Baltimore, Maryland

24b. REGISTRAR'S SIGNATURE

arthur S. Traus

(Stote)

10 VC A1S (4)

n

page

220. BURIAL, CREMATION, 226. DATE THEREOF

REMOYAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey

Burial

death.

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TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR:

VS A1S (4) 15M 10/S7

## 9221 CERTIFICATE OF DEATH—BALTIMORE, 18

		Keg. Dist. No.	
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
1	Maryland Maryland	maryland montgomer	4
1.	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest taws)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give fearest tawn)	7
L	Damestelle. Ma 24/11	Dickerson ma	
	d. NAME OF HÖSPITAL (If not in häspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM YES NO.	15
3.	NAME OF DECEASED (Type or print) Ethel Mac. B	Lost 4. DATE Month Day Year OF DEATH August 29, 19 5	i'R
1	Fernale White WIDOWED DIVORCED []	B. DATE OF BIRTH  F-QL 7-1906  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 F   Months   Days   Hours   Min   Mi	-
	s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  LL S	UTRY?
13.	Leon Sounders	Hatta Hours of	
		H. J. Butler, Barnesiello mis	7,-
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) deute Cornary	Hombraia 10 minu	
	DUE TO HIT . A.	- 1 1- C. 1 - 0 A. 11 me	
	Conditions, if any, which gave rise to immediate (b)	oscawa Cardiovarenta Burn 10 mga	n
	cause (a), stating the under. DUE TO		
Z	lying couse lost. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP	
CERTIFICATION	Diabetes Mellitus	PERFORMED?  YES ☐ NO	?
	20s. ACCIDENT WAS UNDERLYING ACCOUNTED OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 420e. PL Haur a. m. 19 White Not white at wark at wark	ACE OF INJURY (Home, form, 20f. (City or town) (County) (States, affice bldg., etc.)	ate)
	21. I certify that I attended the deceased from Octol	, 1956, to 29 Aux., 1958, that I last saw the dece	ased
	alive an 29 Jung 1, 19 50, and that death	accurred at 3.70 M, fram the causes and an the date stated ab	ove.
	SIGNATURE Sepaln Womth	M.D. Barnes Ville Jung- 29 Au	93
	PHYSICIAN'S NAME (Type)		
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d, LOCATION (City, lawn, ar county) (State)	-
1/3	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	and Manassus Vugue	ce
7	William BHillon, Barnasio	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE & Arthur S. Kraus	
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Reg. Dist. No.

							Keg. Dist.	140.
1. PLACE OF DEATH  o. COUNTY  Montgomes	cy.	MARY	LAND 2.	usual residence (W g. STATE istrict of	here deceased li	ved. If instituti b. COUNTY	on: Residence l	before admission)
b. CITY OR TOWN RURAL and give Bethesda	(If outside corporate limits, nearest town)	write c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF	outside corporole	e limils, write R	WRAL ond give	nearest town)
OR INSTITUTION		e street oddress) Bethesda 14, 1	Md. 1	d. STREET ADDRESS 707 Columb:	ia Road	N. W.		e. IS RESIDENCE ON A FARM? YES NO ST
3. NAME OF DECEASED (Type or print)	Antoinette	Middle Irene	Cà	lost marinos	4. DATE OF DEATH	August		Day Year
5. SEX Female		7. MARRIED NEVER MARRIE		ptember 19		AGE (In years last birthdoy) 47 yrs.	Months Do	EAR IF UNDER 24 HRS bys Hours Min.
10a. USUAL OCCUPAT during most of war Sales Cle	orking life, even if retired)	Leather Good		Pennsylva		try)		S. A.
13. FATHER'S NAME			1	4. MOTHER'S MAIDEN	NAME			
	Camarinos			Bessie V				
15. WAS DECEASED EV (Yes, no. or unknown) NO	/ER IN U. S. ARMED FORC (If yes, give war or dates of ser			Clinical				Maryland
Conditions, if gove rise to couse (o), stoting lying couse lost	g the under-	MULTIPLE	μι	16 LOMA				ONSET AND DEATH
PART II. O' O	THER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEA	ATH BUT NO.	RELATED TO THE TERM	IINAL DISEASE C	ONDITION GIV	VEN IN PART 1(	PERFORMED? YES NO
	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OF	CCURRED. (E	nter nature of injury in	Port I or Port II	of item 18.)		
20c. TIME OF INJU Hour o. m. p. m.	10	20d. INJURY OCCURRED While Not while of work at work	20e. PLACE foctory	OF INJURY (Home, form, street, office bldg., etc.	m, 20f. (City or	town)	(Cou	nty) (State
actual SIGNATURE	that I attended the agust 30  Solution of the control of the contr	, 1958 , and that		17	aboress (Street cal Cent nal Inst	the causes of th	and an the stote)	t saw the deceas date stated abov DATE SIGN 8/31/58 1th
220. BURIAL, CREMATI	on, 226. DATE THEREOF	8 Fort Lin		Cemetery		N (City, town,	GOS C	(Stote)
23. FUNERAL DIRECTO		ADDRESS	st., N.	240 PEC	D BY REGISTRA	R 24b. REGI	STRAR'S SIGN	

diector. TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours ofter death. Page A pletely filled in by the funeral ers. Poges I and 2 should be fi may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: A this certificate has been signed by the attending physician and page 3 shauld be detach or use as the burial-transit permit. Then please remove corban the registror prior to burial, cremation, or remaval, and in any event within 72 hours ofter death VS A1S (4) 15M 10/57

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CERTIFICATE OF DEATH 9223 Reg. Dist. No. disector, iled with 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) · COUNTY filed b. COUNTY MARYLAND inneral b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOVEN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) P d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middl 4. DATE Month Day Yeor DECEASED OF DEATH (Type or print) 19.5 9. AGE (In years lost/birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Doys Hours DIVORCED T WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED2 YES NO 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased fram. 200 \_\_\_\_\_, 1958, to 21 Cay \_\_\_\_, 1958, that I last saw the deceased and that death occurred at 23ep.M. fram the causes and on the date stated above. alive on ADDRESS (Street, city or lown, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page may CEPSTH attin 8/23/58 Cedar Hill Suitland. Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Robert A. Pumphrey-Bethesda, Md DATE AUG 2 5 '58 arthur S. Trans VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		• (	224	CER	TIFIC	ATE OF	DEATH			Reg. Dis	()	3200
1.	PLACE OF DEATH o. COUNTY Montgo	nery		MA	RYLAND	o. STATE			l lived. If instituti b. COUNTY			
	b. CITY OR TOWN (I RURAL and give no	f autside corporate lim	its, write	c. LENGTH OF STA	AY IN 16	c. CITY OR	TOWN (If ou	tside carpo	rote limits, write k	UKAL AND	nearest	town)
D	ickerson-	Rural		78 yrs		X Dick	erson-	Piz	mal			
	d. NAME OF HOSPIT OR INSTITUTION	'AL (If not in hospital,	give street	oddress)		d. STREET	ADDRESS				0	RESIDENCE ON A FARM?
	NAME OF DECEASED (Type or print)	In Co	rst	Midd Lavina		lo	ost	4. DATE OF DEATH	Mor	ith	Day	Yeor
-	SEX	6. COLOR OR RACE	7. MARR			B. DATE OF BIRT	TH 1	1	9. AGE (In years	IF UNDER	1 YEAR IF L	19 58 JINDER 24 HRS.
	Female	White	WIDOW		CED 🗍		28-188	20	last birthday) 78 yrs.	Months		ours Min.
100	. USUAPOCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU					12. CIT	IZEN OF W	HAT COUNTRY
		king life, even if retired housekeepe				Me	aryland				U.S.	
13.	FATHER'S NAME		111				S MAIDEN NA				0.0.	
	Rich	ard C. Carl	isle			Fre	ancis A	mplet	) W			
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	VO. 17. I	NFORMANT			Add	ress		
	No	(ii yes, give war or dates or	orvice,		M	r J. Manu	rice C	arlisl	le. Dicker	rson.M	arvla	nd
	18. CAUSE OF DEA	TH [Enter only one co	ouse per lin	ne far (a), (b), and (	(c).]						INTERVA	L BETWEEN
ď	PART I. DEA	TH WAS CAUSED BY:	Co	ron ar	y C	Scelusi	on . A	cut	و		A 7000	MINUTES
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	Conditions, if or		Cut	ionaxy 1	Axte	Yosel	erosi	sw;	th Ana	ina	13	YEAY5
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	lying couse last.	) (6	MYF	extens;	V2-1	tyterios	cletati	c carg	i. Vascula	ay Dis	51/3	YEATS
ON N	PART II. OTH	HER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERMIN	AL DISEASE	CONDITION GIV	EN IN PART		VAS AUTOPSY ERFORMED?
CA	Severe	Allergic	Mea		100	e 57	ing -	- 2	hours			NO NO
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture o	of injury in Po	ort I or Part	II of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. It While at worl	Not while	20e. PL.	ACE OF INJURY ( ctory, street, affic	(Home, form, e bldg., etc.)	20f. (City	or town)	(C	ounty)	(Stote)
		at I attended the	deceas	ed from 3 /	May	105/	10 2	Aus	1-4 1058	thet I I		the deceased
	alive on 2	Awayst	19		at death	accurred at	6:30P		the causes of	,murii	asi saw	ine deceased
	(	7/1	0	, dio in	ar deam	accorred ut			reet, city or town,		ie date s	DATE SIGNED
	ACTUAL SIGNATURE	Tolder 1	nx	meth		un Ba	Ynesu	1110	DAG	1	34	-46 58
	PHYSICIAN'S	rordon 1	1.5	mith.	M.D	1	ousane.je					4
220	BURIAL, CREMATIO	N, 22b. DATE THEREC	)F	22c. NAME OF CE	METERY O	R CREMATORY	1	2d. LOCAT	ION (City, town,	or county)		(Stote)
	REMOVAL (Specify)	Aug 5e	1958	Monocac			342		33			
23	EUNERAL DIRECTOR			ADDRESS	,		24a. REC'D	BY REGIST	大学 多次是 社会	SIG SIG	MATURE	EAST
C	netane	Cattel	Cons	- Dars	real	elle Ma	DATE ALLG	5 '5	8 Uli	Leau	eh	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Straffmall 100 80 - vestions attended Admiraled, more at the selections of terms . . The

# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 mpletely fitled in by the funeral director, sers. Pages 1 and 2 shauld be filed with TO FUNERAL DIRECTOR: To FUNERAL DIRECTOR: To FUNERAL DIRECTOR: To FUNERAL DIRECTOR: To this certificate has been signed by the attending physician an page 3 shauld be detactor or use as the burial-transit permit. Then please remove carbon the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9225

**CERTIFICATE OF DEATH** 

Reg. Dist. NO 9201

Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY Montgomery							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Bethesda	9 days	Rockville 26							
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?						
Suburban Hos	pital	100 W. Montgomery Avenue	YES NO						
3. NAME OF First DECEASED (Type or print) John	Middle J	Casey Lost August	Doy Yeor 16 19 58						
5. SEX 6. COLOR OR RACE 7. MARK		1 1 1 1 1 1	YEAR IF UNDER 24 HRS. Doys Hours Min.						
10b. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  13. EATHER'S NAME	KIND OF BUSINESS OR INDU		S.A.						
John J. Case	1	Mary Felen O'Coun	NZ.						
15 NAS DECEASED EVER JK U. S. ARMED FORCES? 16.	VIC	spital Record Mrs Mary &	Cases						
18. CAUSE OF DEATH (Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	ne for (0), (b), and (c),	al Insufficiency - Stock	INTERVAL BETWEEN ONSET AND SEATH						
Conditions, if ony, which	(Condition if any which) of stoperative status								
couse (o), stoting the under- lying couse lost.  DUE TO (c)	couse (o), storing the under. DUE TO								
CATIC	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO P						
OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port 1 ar Port 11 of item 18.)							
20c. TIME OF INJURY Manth, Day, Year 20d. II Hour o. m. While p. m. 19	Not while far	ACE OF INJURY (Home, form, 20f. (City or town) (Cotory, street, affice bldg., etc.)	ounty) (Stote)						
21. I certify that I attended the deceas			ast saw the deceased						
alive on 8 - (9 , 19 )	and that death	occurred at 5 40 AM, from the causes and an th	e date stated above.						
ACTUAL Wenthrop P	Eabody A.	M.D. 1150 Conn, Close, N.W	DATE SIGNED						
PHYSICIAN'S J. Winthrop	Peabody	Wash., D.C.							
220. BURIAL CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) S CEMETERY NORWALIT	(Stote)						
23. FUNERAL DIRECTOR'S SIGNATURE W.W. CHAMBERS CO	ADDRESS 1400 Chap	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG in Sty 2021 UG 1 9 '58 arily S. A							

## CERTIFICATE OF DEATH EDMONS ACAL IN COL PWE SI TREESEN FROM THE PROPERTY AND INC.

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IENDING PHINICIAN: the taw requires that the death certificate be executed within 24 hours after death. Page 4		OR: After this certificate has been signed by the attending physician and impletely filled in by the funeral director,	for use as the burial-transit permit. Then please remove carbon pers. Pages 1 and 2 shauld be filed with	1
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2	the haspital ar attending physician.	A Eten		burge cremation or removal and in any event within 32 tears often death
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MARYLAND 9226	STATE DEPARTM	ENT OF HEALTH		RE, 18	09202 No.
gomery	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE D. C.		institution: Residence E OUNTY	efore odmission)
corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	tside corporate limits,	write RURAL and give	nearest town)
	14 hrs.	Washington		47x-3	V
ot in hospital, give street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
an Hospital		3801 Conn.	Ave. N.W.		YES X NO
First	Middle	Lost	4. DATE	Month	Doy Year

o. COUNTY	ontgomery		MARYLAND	o. STATE	D.C.	eceased live	d. If institution b. COUNTY	ı Residence befo	re admission)	
b. CITY OR TOWN (If RURAL and give near Bethes	_	, write c. L	ength of stay in 16	c. CITY OR	TOWN (If outside	corporate l	limits, write RUI	RAL ond give nee	arest town)	
d. NAME OF HOSPITA	NL (If not in hospital, gi	ve street oddre	14 III'S e	d. STREET	0		4	/X- 3	e. IS RESIDEN	NCE
OR INSTITUTION	ourban Hosp	ital		1	Conn. A	TO N	IJ		ON A FAR	RM?
3. NAME OF DECEASED (Type or print)	First Grace		Middle Lenore		ost 4. E	ATE OF	Month ugust	Do 2	y Year	
5. SEX Female		7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIR	тн	9. A	GE (In years Itst birthday)	F UNDER 1 YEAR Manths Days	IF UNDER 24	
10a. USUAL OCCUPATION	N (Give kind of work dang life, even if retired)	one 10b. KIND			7/86 PLACE (State or fai	eign country	72 yrs.	12. CITIZEN C		UNTRYT
13. FATHER'S NAME		1 4-0	II WIICO		S MAIDEN NAME			Amer	LCa.	
Willia	m R. Nelson	1			Anne F.	Hicks				
IS. WAS DECEASED EVER (Yes, no. or unknown) NO	IN U. S. ARMED FORC f yes, give war or dates of ser	vice)	AL SECURITY NO. 17.	Henry P.	Caulfie		^%6	25 31 shington	st St.	
PART I. DEAT  151  Conditions, if on gove rise to im	Conditions, if ony, which gove rise to immediate cause (o), stating the under DUE TO									
PART II. OTHE	(c).  ER SIGNIFICANT COND  UNDERLYING [ ] 12		RIBUTING TO DEATH BL					N IN PART I(a)	PERFORME	OPSY D?
W (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour a. m. p. m.		While		PLACE OF INJURY actory, street, affic	(Home, form, 20)	. (City or to	own)	· (County)	(	(Stote)
21. I certify the alive an	ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE  M.D. T720 Wisc. Ave. Bethesda, Md. 8/- PHYSICIAN'S									
220. BURIAL, CREMATION REMOVAL (Specify)			NAME OF CEMETERY				(City, town, or		(State)	
Burial 23. FUNERAL DIRECTOR'S	18/25/58 SIGNATURE		ate of Hear	ven				, Maryla		
Robert A.			da, Maryla	nd	DATE AUG			TAR'S SIGNATUR Thung S. Hi	_	

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## FOR STATE HEALTH DEPT.

death. If any delay is necessory, please 2, and 3 to the funeral director. Page 5 may be retained for your files. 2 with the State Baard of Health, 72 haurs after death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9227 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09203

_							Reg. Dist. 140.						
T.	1. P	LACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STAJE  b. COUNTY  n/f						
-		Montgomer	CV		MARYL	AND	Maryland Montgomery						
97	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest fown)						c. CITY OR TOWN (II	f outside corp	orote limits, write	RURAL or	nd give n	eorest town)	
240	/ Olney 2½ days						X Olney						
13	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Montgomery County General Hospital											e. IS RESIDENCE ON A FARM? YES NO 7	
		OH LEOMETY											
	E	DECEASED Type or print)	Fire T.C.	seph	Middle Charle	es	Chase	4. DATE OF DEATH	Month		Doy	Yeor 4 19 58	
	5. 51	EX	The second secon	-	ED T NEVER MARRIED	8.1	DATE OF BIRTH		9. AGE (In years	IF UNDE	RIYEAR	IF UNDER 24 HRS.	
	M	ale	Negro	WIDOWE	37		1/5/30		28 yrs.	Months	Days	Hours Min.	
	10o.	USUAL OCCUPATIO	N (Give kind of wark	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State	or foreign c	ountry)	12. CI	TIZEN O	F WHAT COUNTRY?	
	T	ruck Drive	ilite, even if retired) Or				Marylan	ıd			USA		
/	13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME					
		William	n Chase				Katherin	e Line	oln				
			R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. INF	ORMANT		Address				
	fier	Yes Yes	orea	5'	77 36 5124	H	ospital Rec	ord					
		18. CAUSE OF DEAT	H [Enter only one cou	se per line	for (a), (b), and (c).]						INTER	EVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Respiratory Failure											2 hrs.	
		8/6× DUE TO											
V		Conditions, if an	y, which) (b)	Fra	acture of Sk	ull	(Basil)				2	days	
	gove rise to immediate cause (a), stating the underlying DUE TO												
	couse lost. (c) Grushed Chest										2	davs	
	Z	PART II, OTH	ER SIGNIFICANT CON		ONTRIBUTING TO DEATH	BUTNO	T RELATED TO THE TERM	INAL DISEASI	CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS AUTOPSY PERFORMED?	
0	CATION	Fractu	re of Left	Arm.	Numerous Co	ntus	ions and La	cerati	ons of h	ead a	and	YES NO T	
	ERTIFI	200. EXTERNAL CAU PRIMARY DOOR CON CAUSE OF DEATH.	SE WAS		E HOW INJURY OCCURR					ace.			
	3			rive	r of car inv	olve	d in head-o	n coll	ision.				
5		20c. TIME OF INJUR Hour a. m.	1 Month, Ddy, 1ec	Whil	INJURY OCCURRED 20e	factor	y, street, office bldg., etc	.)			ounty)	(State)	
	MED	7:00	8/2 19		ork of work WIM						lont	g. Md.	
		21. I certify th	at I toak charge	of the	remains described	abav	e, held an Autaps	y 🔲, Ir	spection X,	Inqui	ry X	, and in my	
		opinion death i	resulted from: 1	Vatural	causes . Accide	ent []	, Suicide ,	Hamicide	, Undete	rmined	manne	er 🔲	
		ACTUAL A	- 10	(2			CHIEF MEDICAL E	YAMINEP [7]				DATE SIGNED	
4		SIGNATURE .	Junn Je	In	Junau		M.D. ASSISTANT MEDICAL EX	Lond					
2		EXAMINER'S	0										
		NAME (Type)	rank J. Bro	schar	rt, M. D.		DEPUTY MEDICAL			8/4/	/58_		
	220. B	REMOVAL (Specify)	Aug. 6	F	rlington		Nat.		ION (City, town, o	or county)		(State)	
		EUNERAL DIRECTOR'S			ADDRESS			D BY REGIST	Ington	TRAP'S SI	GNATU	Virginia	
	1	Para Di-	Barbe	\ I	aytonsvil	le.	Ma		0	/	- 1		
	Ľ	1			y	,	MO. DATENU	G 6 '5	8 1666	ca	26		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter dexecute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2 4 should be farworded. The Chief Medical Examiner's Office along with form PM3. PTO FUNERAL DIRECTOR. 19. 3 should be used as a burial-transit permit. File pages 1 or its designated agent, prior to burial, cremation, or removal, and in any event within VS. AISME 5M 2/57

Parry de ENTRUST PROPERTY LIBERTY Electron to september and their seal broaden transfer or broaden and their second sections. Mark Street, in which is the new High the Burney of the entolide to retrieve that to 4 114 nousmilati Tritter !! .bl. ef. Lvanolya.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

D FUNERAL DIRECTOR: this certificate has been signed by the attending physician on page 3 shauld be detact for use os the buriol-transit permit. Then please remove carbon may the registror prior to burid, cremation, or remaral, and in any event within 72 hours after death.

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: This certificate has been si

VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 9228

Dist		U	9	2	0	4
Dist	Na	0	_	-	-	_

<del></del>								
1. PLACE OF DEATH o. COUNTY Montgome	ery		MARYLAND	2.	usual residence (Where do STATE Virginia		tution: Residence	e before admission)
b. CITY OR TOWN ( RURAL and give n	(If outside corporate limits,	write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside	e corporate limits, writ	e RURAL and gi	ve nearest town)
Bethesda			36 days		Falls Churc	h	83x	-3
d. NAME OF HOSPI	TAL (If not in hospital, give	street	address)		d. STREET ADDRESS			e. IS RESIDENCE
The Clir	ical Center,	Be	thesda 14, Md		1117 Rolfs	Road		ON A FAPM? YES NO NO
3. NAME OF DECEASED	First		Middle			DATE A	Aonth	Day Year
(Type or print)	Mart	tha	Susan		Christopher	DEATH AU	gust	30, 1958
5. SEX	6. COLOR OR RACE 7	MARR	HED NEVER MARRIED	8. D	ATE OF BIRTH	9. AGE (In year		YEAR IF UNDER 24 HRS.
Female	White w	/IDOWI	DIVORCED		May 6, 1914	lost birthday		Days Hours Min.
10a. USUAL OCCUPATI	ON (Give kind of work dor	ne 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZ	ZEN OF WHAT COUNTRY
Secretar	rking life, even if retired)	TI	nascertainabl		Virginia		11	. S. A.
13. FATHER'S NAME	<b>y</b>		Haboti oainabi		4. MOTHER'S MAIDEN NAME			0 0 11
Alonzo H	Tael Avr				Kate Rag	ofebe		
1S. WAS DECEASED EVI	ER IN U. S. ARMED FORCE	57 16.	SOCIAL SECURITY NO. 17.	INFO	RMANT The Medic		Address .	
[Yes. no, or unknown]	(If yes, give wor or dates of servi	ce)						Manualand
No	A TIA (			THE	Clinical Cen	ver, bethe	saa 14,	
	ATH [Enter only one cause							INTERVAL BETWEEN
/ NAKI 1. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Car	cinoma of Bre	231	with Carcino	matosis		3 years
110X	DUE TO							
Canditions, if a	(0)	Hem	opericardium	and	l hydrothorax			weeks
gave rise to i	immediate (			1				
lying cause last.	(c)_	Nec	plastic invol	.ver	ent of Pleura	Epicardin	m	weeks
Z PART II. OT	HER SIGNIFICANT CONDIT	TIONS C	ONTRIBUTING TO DEATH BU	ON To	RELATED TO THE TERMINAL I	DISEASE CONDITION	GIVEN IN PART	1(a) 19. WAS AUTOPSY
S Carcino			th Adrenals, T					PERFORMED? YES NO
20a. ACCIDENT W.	AS UNDERLYING   20	b. DESC	RIBE HOW INJURY OCCURR	ED. (E	nter nature of injury in Part I	or Part II of item 18.)		110 20 110 []
	AS UNDERLYING 20 G CAUSE OF DEATH MEDICAL EXAMINER)							
	RY Month, Day, Year	20d. IN	NJURY OCCURRED 20e. F	LACE	OF INJURY (Hame, farm, 20	f. (City or town)	(Co	ounty) (State)
Hour a.m.	19	While at work	Not while	actory	, street, office bldg., etc.)		100	(6.6.0)
				,	۲٥ ،	1 00 5	′0	
A	nat I attended the d	ecease	ed from July 25		, 1950 , ta Aug	ust 30, 195	o,that I lo	ast saw the deceased
alive anAl	igust 30	125	and that deat	h oc	curred at 12:15 AM	, fram the cause:	and on the	e date stated above
	121 0	f	(h)		ADDR	ESS (Street, city or tov	vn, state)	DATE SIGNED
ACTUAL SIGNATURE	Tichered	4	That	_M.D.	The Clinic			8/30/58
BUVERCIANUE		ν	1		National I	nstitutes	of Heal	th
PHYSICIAN'S NAME (Type)	RICHARD H. MC	Y,	M.D.		Bethesda 1	4. Marylar	nd	
22a. BURIAL, CREMATIC	ON, 22b. DATE THEREOF		22c. NAME OF CEMETERY	OR CR		LOCATION (City, low		(State)
Burial (Specify)	Sept. 3-193	58	arlinota.	7	ational 1	In Vino	tou	Sa.
23. FUNERAL DIRECTOR	'S SIGNATURE	70	ADDRESS CO	-16	240. REC'D BY	REGISTRAR 245 DE	GISTRAR'S SIGN	0
1. Cus 3 7 11 11	Hay	2	847 Wilson	9/1	CLAT :		arthur S.	
1000 1.56	VICE		LA VILLETT BOTH.	716	/ DAIL COL.			

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MARYLAND	STATE DEPAR	TMENT OF	HEALTH-BALTIMORE,	18
9229	CERTIFI	CATE OF	DEATH	

			OER III IO	AIL OI DE			Reg. Dis	t. No.	
1. PLACE OF DEATH o. COUNTY  Monteon			MARYLAND	2. USUAL RESIDENCE O. STATE  Marylan		ed lived. If institution b. COUNTY		tgome:	
	If autside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If autside carp	porate limits, write R	URAL and g	ive nearest	tawn) .
Barnesvi			85 yrs	X Barnes	ville				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g	ive street	oddress)	d. STREET ADDR	RESS			0	RESIDENCE IN A FARM? S NO
NAME OF DECEASED (Type or print)	Edmon		Middle	Clarett	4. DATE OF DEATI	Mon		Doy 21	Yeor 19 <b>58</b>
i. SEX			RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years			INDER 24 HRS.
Female	Colored	WIDOW	DIVORCED	August 15		lost birthdoy) 100 yrs.	Months	Days Ho	urs Min.
during most of wor	king life, even if retired	done 10b.	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE		country)			HAT COUNTR
3. FATHER'S NAME	ekeeper			14. MOTHER'S MA			0	.8	
	R IN U. S. ARMED FOR	CESO 14	SOCIAL SECURITY NO. 17.	Bettie	Wat				
	(If yes, give war or dates of s		SOCIAL SECURITY NO. 17.	INFORMANT		Addi	ess		
No			None M	iss Bessie	Clarett	Barnesvil	le.Md		
18. CAUSE OF DEA	ATH [Enter only one co		ne for (o), (b), ond (c).]					INTERVA	L BETWEEN
PART I. DEA	TH WAS CAUSED BY:		Branch	in Pm	Du va. bo.			ONSET A	ND DEATH
11500	IMMEDIATE CAUSE (o		DION-II	160	if at and a h	110		4	4ays
430.0	DUE TO		Ma1 1	tar dian	_6			6	11
Conditions, if a	mmediate		1141 114	VITION	C-50			0 1	NOW !
couse (a), stoting lying couse lost.		-	xtrema A.	rteriose	104051	5 Gone	4m 1 120	111	) Xen
PART II. OTI	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GIV	EN IN PART	PE	AS AUTOPSY
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of inj	ury in Port I or Po	ort II of item 18.)			
20c. TIME OF INJUR Hour a.m.		or 20d. If	NJURY OCCURRED 20e. P	LACE OF INJURY (Homoctary, street, office bld	e, form, 20f. (Ci	ty or town)	(C	ounty)	(Stote)
p. m.	19	of war							
21. I certify th	at I attended the	deceas	ed from June	1956	21 A	146 1055	that I l	ost saw t	he deceas
	C. ATHA	19 5		h occurred of 3	1004	7		- J	ine deceds
dive on	0/		L., ond mor dedi	n occurred of j_		Street, city or town,		e date s	DATE SIGN
ACTUAL SIGNATURE	John	m	Smith	м.о. В	Ynes Vi	le N	10	2	2 Aug
PHYSICIAN'S NAME (Type)	Hordon M. Sm	ith, V	I.D.						
Zo. BURIAL, CREMATIC	N, 22b. DATE THEREC	)F	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOC	ATION (City, town, o	or county)	1	(Stote)
Burial (Specify)	Aug. 25-		St Marys			rnesville			
3_EUNERAL DIRECTOR			ADDRESS .	1_		,		A LA TURE	
THE PIRECION	C //	1		1 411	. REC'D BY REGI		TRAR'S SIG	NATURE	
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Manifivene	Mary Zerola Chagett, Jac	error	9.1
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VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	92	30	CERTIFIC	AII	E OF DEATH	1		Reg. Dist	No.	215	5
1. PLACE OF DEATH o. COUNTY MC	ontgomery		MARYLAND	- 11	o. STATE Distri		lived. If instituti Columbia	on: Residence	e before	e admissi	ion)
b. CITY OR TOWN (I RURAL and give no	If autside corporate lim	its, write	c. LENGTH OF STAY IN 16	,	c. CITY OR TOWN (If	outside corpo	rote limits, write R	URAL ond gi	ve neor	rest town	1 /
Bethesda (R			21 Days		Washing	gton		47x	_ 3		V
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital,	give street	oddress)		d. STREET ADDRESS				e	. IS RESI	FARM?
U.S. Naval	Hospital,	Bethe	sda, Md.		717 At:	lantic	Street,	S.E.			ио 🛛
3. NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE OF	Mor	ith	Day	, )	Yeor
(Type or print)		ncis	Xavier		CLARK	DEATH		ust	16		19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. D	ATE OF BIRTH	- 3-4	9. AGE (In years last birthdoy)	Months &		Hours	Min.
Male	White	WIDOW		27	0 //		yrs.		9 qys	Hours	min.
<ol> <li>USUAL OCCUPATION</li> <li>during most of work</li> </ol>	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INC	DUSTRY			ountry)	12. CITIZ			COUNTRY
None					Marylan				U.	S.	1777
13. FATHER'S NAME				1	MOTHER'S MAIDEN						
Paul Josep					Alice HOGD	ON					
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of		SOCIAL SECURITY NO. 17		RMANT		Add		,		
No l			None	(Fat	her) Paul	J. CLA	RK (Same	As #2	2)		
		ouse per li	ne for (o), (b), and (c).]	^						RVAL BE	
PAKI I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	011	umary al	ملاه	Jusis				19	day	VI .
	DUE TO	0	-0 -	-						10	
Conditions, if a gove rise to i		61	lemale ul	-1					11		
couse (o), stoting		)		0							
lying cause lost.		c)									
CATIC			CONTRIBUTING TO DEATH B	UT NO	RELATED TO THE TERM	INAL DISEASI	E CONDITION GIV	/EN IN PART	1(0) 19	PERFO	NO
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (E	nter nature of injury in	Part I or Part	II of item 18.)				13
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED 20e.  Not while of work	PLACE foctory,	OF INJURY (Home, farm, street, affice bldg., etc	20f. (City	or town)	(Co	ounty)		(State)
21. I certify th	at Lattended the	deceas	ed from 27 July		1958 to 16	Augus	t 1958	_,that 1 to	ast so	w the	decease
	August	. 19	and that dea	th ac	curred at 5:45		/ '/				
	•	λ	, , , , , , , , , , , , , , , , , , , ,				reet, city or town,		e dui		ATE SIGNE
ACTUAL SIGNATURE	) avid &	lan	No	M.D.	U.S. Naval	Hospi	tal, Bet	hesda	, Md	. 8-	18-58
PHYSICIAN'S Da	vid Harris	, LT,	MC, USN		U.S. Naval	Hospi	tal, Bet	hesda	Md		
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	8-19-58		22c. NAME OF CEMETERY Arlington Na				ION (City, town, ington,	,,	ia	(Stote	e)
23. FUNEBAL DIRECTOR	SIGNATURE	da.	ADDRESS			D BY REGIST		STRAR'S SIGN		E	
W.W.Chamber	1400 Ch	apin	St N. W. Washi	ingt	On .D . C DATE	HIG 2 0	'58 (	William &	· fr	0.11.0	

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EALTH-DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded the Chief Medical Examiner's Office along with farm PM3.

TO FUNERAL DIRECTOR ge 3 should be used as a burial-transit permit. File pages 1 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, ar remand, and in any event within 72 hours after death. I

VS. A15ME 5M 2/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9231

	77002	Tuem o Fil	UNU1233 7-3.	-50 er		Keg. DIST. IV	0.
1. PLACE OF DEA a. COUNTY	Montgomery	MARY	O STATE	Maryland		Montg	
b. CITY OR TON	VN lif autside corporate limits, writ st lown) .ey	c. LENGTH OF STAY  2 hrs		TOWN (If outside co		RURAL ond give	nearest town)
	omery Count	of not in hospital, give street address General		OO Blair	Rd .		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	James	Edward Clemo	ns	4. DATE OF DEATH	Aug. 2	3, 1958	
5. SEX male		7. MARRIED NEVER MARRIES WIDOWED DIVORCED	0/75	/1930	9. AGE (In years last by Hay) yrs.	Months Days	IF UNDER 24 HRS. Hours Min.
during most of	PRATION (Give kind of work working life, even if retired)	done 10b. KIND OF BUSINESS OR		ACE (State or foreign ryland	country)	1 1 1 1 1 1 1 1 1	SA
13. FATHER'S NA				MAIDEN NAME			
Hay	wood Clemor	ıs	M	ary Chas	е		
15. WAS DECEAS	ED EVER IN U. S. ARMED FO		17. INFORMANT Hospi	tal Reco	Address rd		
PART I.  82 3  Canditians, gave rise to (a), stating	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a  DUE TO  if any, which immediate cause the underlying  DUE TO	Fracture o	f Skull	1	-	INTE	3 hrs
CATIO		DE DESCRIBE HOW INJURY OCCUP	H BUT NOT RELATED TO			EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	L CAUSE WAS IF CONTRIBUTING   21 ATH.   21 INJURY   Month, Doy, Ye	Driver of a				urve (County)	(Stote)
20c. TIME OF 1:123	8/23/58,	While Nat while at work of wark	Md R-1	15 nr	Rockvil	_	ntg. Md
		e of the remains described Natural causes, Accid			Inspection <b>A</b> , e , Undeter		
ACTUAL SIGNATURE EXAMINER'S NAME (Type	Frank J.	Broschart	ASSISTA	NEDICAL EXAMINER ENTER EXAMINER	IER 🗀	/23/58	DATE SIGNED
	MATION, 226. DATE THERE	OF 22c. NAME OF CEMET			ATION (City, town, o	r county)	(Stole)
23. FUNERAL DIRI	TLI Surve	Ley Roo kville, 1	ta.	240. REC'D BY REGIS		TRAR'S SIGNATU	

	BLAND NO STADENTS		
.ganoM	and the latest of the latest o		Ytamos Cook
	rations Park		Olney on the
	7700 mistr Ed .	Laren	nontionery County for
8, 1988	Aug. 2	enompil) by	Sund Tables Education
	8/15/1990 28		
ASU	bnotyrak		Joillast
	dary Chase		Sugnato bearing
	Rospitsl Record	r February Cartestes, Cartestes, Cartestes	
3 hrs	- fam	in equipment	
		dasticas ore	A company of the second
9770	that falled to mike o	237	40
	. R-lis on Rocketi		
733/58	Biometric managers	traile	SOURCE THE STATE OF THE STATE O
	, no		101/2/10 P 12/20
	CHARLES ALOR HAR.		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR:

The funeral billing physician or page 3 shauld be detail are use as the burial-transit permit. Then please remave carboured the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after details.

VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

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·u	- #	2	1
	- I	1.3	3.
	40.	_	_

Rea.	A1.4	
Keg.	UIST.	No.

1. PLACE OF DEATH o. COUNTY												
Lik	ONTGOMERY		MAR	YLAND	a. STATE	DENCE (Who		lived. If instituti b. COUNTY	anı Resid	lence befo	re admiss	ion)
b. CITY OR TOWN RURAL and give	(If autside corporate limi	its, write	c. LENGTH OF STAT	( IN 16								
TAKOMA						STRATT	ONVII	LE	15	X - 3		
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, g	373,175	oddress)		d. STREET A	ADDRESS						FARM?
	APLEWOOD AVE				<u> </u>	PLAIN	STREE	1			IES [	ИОД
3. NAME OF DECEASED (Type or print)	GEORGE HAR		Middle N CRISPIN	•	Los	1	4. DATE OF DEATH	AUGUST		Do	•	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED 🗍	B. DATE OF BIRT	Н	114 114	9. AGE (In years lost birthday)			IF UND	ER 24 HRS.
MALE	WHITE	WIDOWE	DIVORC	ED 🔲	DEC. 15	. 1868	3	89 yrs.	Months	Days	Hours	Min,
10a. USUAL OCCUPAT during most of w	TION (Give kind of work orking life, even if retired AN SELF E				STRY 11. BIRTHPI		or foreign co	ountry)		S.		COUNTRY?
13. FATHER'S NAME	an oddr a	IPIT IBO	LED BOFID	DIX.	14. MOTHER'S			A 48 a	10		44.0	
	M CRISPIN					NOWN		ORDON				
	VER IN U. S. ARMED FOR	CES2 14	SOCIAL SECURITY NO	17 11	NFORMANT	TIONTI	G	Add	7011			
(Yes, no, or unknown)	(If yes, give wor or dates of s	ervice)				DEED	MATN			OMET	TP	DA
NO			NONE		EURGE H.	KEED,	MAIN	ST., ST	KALL	OMATI	و تابابا	PA.
	EATH (Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	)	Pul	m	ma	ry	6	den	De		ERVAL BE	
Canditians, if gave rise to cause (a), statin	immediate QUE TO		inur	100	un	auc	1/4	ewo!	00	rea	26 1	yes
												0
lying cause las	1. (0	)										
PART II. O	THER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DI	EATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASI	CONDITION GIV	/EN IN P	ART 1(o) 1	9. WAS PERFO	RMED?
PART II. O	1. (0		CONTRIBUTING TO DI						/EN IN P	ART 1(o) 1	PERFO	RMED?
PART II. O	I. (c. ) (c. )  THER SIGNIFICANT CON  WAS UNDERLYING  G CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Doy, Ye  1. 10	20b. DESC	CRIBE HOW INJURY (  NOT While	OCCURREI		of injury in P	ort I or Port	II of item 18.)	/EN IN P	ART 1(o) 1	PERFO	RMED?
PART II. O	I. (c. ) (c. )  THER SIGNIFICANT CON  WAS UNDERLYING  G CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Doy, Ye  1. 10	20b. DESC ar 20d. In While at wart	CRIBE HOW INJURY ( NJURY OCCURRED Not while t of work	OCCURREI	D. (Enter noture o	of injury in P	ort I or Port	II of item 18.)	€/.	(County)	PERFO YES [	NO NO
PART II. O	OTHER SIGNIFICANT CON  WAS UNDERLYING  GO CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Doy, Ye  19	20b. DESC ar 20d. In While at wart	NJURY OCCURRED Not while to ot work	20e. PU	D. (Enter noture of	of injury in P (Home, form, e bldg., etc.	20f. (City	II of item 18.)	that	(County)	PERFO YES	(Stote)
PART II. O  PART III. O  PART I	OTHER SIGNIFICANT CON  WAS UNDERLYING  GO CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Doy, Ye  19	20b. DESC ar 20d. In While at wart	NJURY OCCURRED Not while to ot work	20e. PU	D. (Enter noture of ACE OF INJURY ctary, street, office)	Home, form, bldg., etc.	20f. (City	II of item 18.) ar town)	that	(County)	PERFO YES	(Stote)
PART II. O  PART III. O  PART III. O  PART III. O  PART III. O  P. M  P. M  21. I certify  alive on	OTHER SIGNIFICANT CON  WAS UNDERLYING  GO CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Doy, Ye  19	20b. DESC ar 20d. In While at warl	NJURY OCCURRED Not while to ot work	20e. PU	D. (Enter noture of ACE OF INJURY ctary, street, office)	Home, form, bldg., etc.	20f. (City	ar town)	that	(County)	PERFO YES	(Stote)  deceased abave.
PART II. O  PART III. O  PART I	NAS UNDERLYING CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Doy, Ye  That I attended the	20b. DESC or 20d. IN White of work	NJURY OCCURRED Not while to ot work	20e. PU fac	D. (Enter noture of ACE OF INJURY) ctary, street, offic accurred at	Home, form, bldg., etc.	20f. (City)  W, fram	ar town)	S, that and an state)	(County)  I last so the do	PERFO YES	(Stote)  deceased abave. ATE SIGNED
PART II. O  PART III. O  PART I	NAS UNDERLYING CAUSE OF DEATH LY MEDICAL EXAMINER) URY Month, Doy, Ye  that I attended the  AB ORLE  ION, 22b. DATE THEREO  OTHER SIGNIFICANT CON  ABOUTH THE SIGNIFICANT	20b. DESC or 20d. IN White of work	NJURY OCCURRED Not while of work  ed from after 2.5., and the	20e. PU fact	D. (Enter noture of ACE OF INJURY) ctary, street, offic accurred at	Home, form, e bldg., etc.	20f. (City)  W, fram	ar town)  ar town)  the causes of reel, city or town,	S, that and an state)	(County)  I last so the do	PERFOYES	(Stote)  deceased abave. ATE SIGNED

### FOR STATE HEALTH DEPT.

rours after death. If any delay is necessary, please H. Pages 1, 2, and 3 to the funeral director. Page m PM3. Pages 1 2 with the State Baard of Health, H. Pages 1 1 2 with the State Baard of Health, H.

e Pages pending" in pencil in the cal Examiner's Office al used as a byrial-tronsit ng e CTOR should FUNER

2 6 7 2 VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9232 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03203

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Montgomery Maryland b. COUNTY MARYLAND b. CITY OR TOWN Ill outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Etchison DOA Laurel d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Box 435 Md-R-108 Havnes YES NO NO 3. NAME OF Middle 4. DATE First Month Yen DECEASED Dallas Levi Cross Aug. DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HAS. 30/28 Months male Hours WIDOWED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17 INFORMAN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) middle DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO (a), stating the underlying couse fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 20g. EXTERNAL CAUSE WAS
PRIMARY A or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) Driverof car involved in head on collision Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) While Etchison Montg. Md. of work of work 21. I certify that I taak charge of the remains described above, held an Autopsy [7], Inspection [7], Inquiry [7], and in my Accident . opinian death resulted fram: Natural causes . Suicide . Homicide . Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER Frank J. Broschart Aug. 2. NAME (Type) DEPUTY MEDICAL EXAMINER FOR 220. BURIAL, CREMATION, 225 TOATE 22c, NAME OF CEMETERY OR CREMATORY 22d. LOGATION (City, town, or county) (State) 23. FUNERAL DIRECTOR'S SIGNAL ADDRESS 240. REC'D DY REGISTRAR 246. RESESTRARYS SIGNATURE

pletely filled in by the funeral director, ers. Pages 1 and 2 should by rifed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4

may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: A this certificate has been signed by the ottending physician and page 3 should be detach or use as the burial-transit permit. Then please remove carbon the registrar prior to burial, cremotian, or remayal, and in any event within 72 hours ofter death.

VS A15 (4) 15M 10/57

#### **CERTIFICATE OF DEATH**

Reg. Dist. No.

		neg. Dist. 110.
	1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     a. STATE     b. COUNTY
	b. CITY OR TOWN (If outside corporate limits/write RURAL and give nearest town)  TAKOMA PARK  1-8 MONTAS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  WASHINGTON  DC  41 x - 3
0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 708 PHILAPE PHIA AVE.	d STREET ADDRESS 1/15 Geran 11m Street is RESIDENCE
	3. NAME OF DECEASED (Type or print) MABE/ First Hiddle	DARTE DEATH ACG 1 1958
-	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH  APRIL 8, 1843  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Manths   Doys   Haurs   Min.   Min
L	100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRIBLE OF SE WIFE	STRY 11. BIRTHPLACE (Stole ar foreign country)  12. CITIZEN OF WHAT COUNTRY?  CALLFORNIA  USA.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
	[Yes. no. or unknown] (If yes, give wor or dates of service)	AMY D. CRIPPEN 1415 GERANIUM NU
	18. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Decempensation Interval Between ONSET and DEATH
	33/X DUE TO	
	Conditions, if any, which gave rise to immediate (b). Girleanerselle	rusio l
	cause (a), stating the <u>under-</u>	
	(c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
0	3 Cerebral Hermon	Those 7/26/58 PERFORMED?
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED Hour o. m. While Nat while of work at wark	ACE OF INJURY (Home, form, 20f. (City or tawn) (Caunty) (State)
	21. I certify that I attended the deceased from	1957, to 1 Cincy, 195 P, that I last saw the deceased
	alive an 30 July, 19 5 %, and that death	, , , , , , , , , , , , , , , , , , ,
1	SIGNATURE William D Cent,	M.D. 9D4 Glesville 12 S/1/58
-	PHYSICIAN'S William D. Aud	Selver Spring mid
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	R CREMATORY 22d. LOCATION (City, tawn, of county) (State)
	cremation 8/4/58 Ft. Lincoln	Grematory Prince Georges Co. Md.
1	The S.H. Hines Co. 2901 Lth St.N.W	Date AUG 4 '58 240. REC'D BY REGISTRAR'S SIGNATURE
	The state of the s	

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		9	233	CER	(TIFIC	ATE OF [	DEATH			Reg. Dist.	No.	
1.	PLACE OF DEATH o. COUNTY	Montgomer	·v	M	ARYLAND	o. STATE		ere deceased live	h COUNTY	n: Residence	before admission)	
	b. CITY OR TOWN (IF	outside corporale limit		c. LENGTH OF S	TAY IN 1b	1		utside carporate l		RAL and giv	e nearest town)	1
	RURAL and give need Bethesda	arest town)		96 da	we	Washi	ngton		4	17 x.	3	
		AL (If not in hospital, g	ive street	oddress)	70	d. STREET A				, , , , ,	e. IS RESIDENCE	
		al Center			. Md.	7729	16th	Street	N. W.		ON A FARM?	
3.	NAME OF	Fir			iddle	los		4. DATE	Month		Day Year	-
	DECEASED (Type or print)		lith		sther	Davi		OF DEATH		ugust	3 1958	
	SEX			RIED NEVER MA		B. DATE OF BIRT					YEAR IF UNDER 24 HE	25
	Female	White	WIDOW		ORCED	Februa		1917	st birthday)		ays Haurs Min.	
100		N (Give kind of work							Tripale	12 CITIZI	EN OF WHAT COUNT	TPV2
1	during most of work	ing life, even if retired	)						'			
12	Teacher FATHER'S NAME			Public S	CUOOTS	14. MOTHER'S	New Y			-	J. S. A.	
90.												
16	Nathan Bit	terman IN U. S. ARMED FOR	ccco la		1110 117		ie Tz					
13. {Ye		If yes, give war or dates of s	ervice)	SOCIAL SECURITY	-1			ical Rec				
_	No			ascertai		The Cli	nical	Center,	Bethe	sda 1/	1, Maryland	1
		TH [Enter only one co	use per li	ne for (a), (b), and	(c).]						INTERVAL BETWEEN	
	PART I. DEAT	IMMEDIATE CAUSE (o	)	Shock							12 hrs.	
	200.0	DUE TO										
	Conditions, if an			Gastroi	ntest	inal ble	eding				36 hrs.	
	gave rise to in cause (o), stoting t											
	lying couse last.	) (c	}	Reticul	um ce	ll sarco	ma				l yr.	
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE CO	NDITION GIVE	N IN PART I	(a) 19. WAS AUTOPS PERFORMED? YES NO	
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJUR	RY OCCURRE	D. (Enter nature a	of injury in P	Part I ar Part II of	item 18.)			
MEDICAL	20c. TIME OF INJURY	Month, Day, Yea	r 20d. II	NJURY OCCURRED	20e. PL	ACE OF INJURY	Home, form	, 20f. (City or to	iwn)	(Coe	unty) (Stat	le)
MEDI	Hour o. m. p. m.	19	While of wor	Not while	1 10	ctory, street, office	e bldg., etc.	)				
		- 4 1 - 44 4 - 4 4 4	4		Amari 7	20 10 58	4- A		1050		st sow the deceo	
		ot I attended the										
	olive on	August 3	, 17_2	u, ond r	nat death	accurred at		ADDRESS (Street,			date stated obd	
	ACTUAL	1 h	(	ra Hould Sil	herman	The C		al Cente		rore)		NEU
	SIGNATURE W	mm d	when		The state of	M.D. Natio		nstatute			8-3-58	
	PHYSICIAN'S NAME (Type)	Leonard Gar	rren	M. D.		Bethe		h. Mary		eartn		
220	BURIAL CREMATION	, 22b. DATE THEREO	F	22c. NAME OF				22d. LOCATION	(City, town, or	county)	(State)	
	Burlal		.958	Elesav	etgrad	Cemeter	У	Washing	ton, D.	.C.		1)
23.	FUNERAL DIRECTOR'S		Conc	ADDRESS 3507	1/+h 9	+ NW.		D BY REGISTRAR	24b. REGIST	RAR'S SIGN	ATURE	
	Bernard Da	anzansky &	Sons	- 2701 -	Ed on 9	0.,1111.	DATAUG	5 '58	Relet	esue	h	

this certificate has been signed by the attending physician and for use as the burial-transit permit. Then please remave carban crematian, ar remaval, and in any event within 72 hours after death. may be retained by the haspital page 3 shauld be detach the registrar priar to burial,

VS A15 (4) 15M 10/57

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	Manyo and state				Montage	
	A Charles					
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			ga.6763	NAME OF		
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	stagePath)				Luciaco	M. madfall
	Letton Encord					
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	Zer E. Jangura  Han all a marka id.  So the sale and id.	THE SECOND				

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

923	34	CERTIFIC	CATE OF DEAT	Н	Reg. Dist	() J & I &
1. PLACE OF DEATH  o. COUNTY	25-4	MARYLANI	2. USUAL RESIDENCE (W		institution: Residence	before admission)
b. CITY OR TOWN (If solide corr RURA) and give negrest town)	porate limits, write	c. LENGTH OF STAY IN 11	e. CITY OR TOWN (IF	outside corporate limits	, write RURAL and gi	ve rearest town)
6. NAME OF HOSPITAL (If not in OR INSTITUTION	hospital, give street	oddress)	d. STREET ADDRESS	ampde	n 5T.	•. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	P05/e	Middle	in Dovis	4. DATE OF DEATH	Month U.G.	Day Year 1958
5. SEX 6. COLOR	WIDOWE		Dec. 8,1	19/6 9. AGE (1 last bit	yrs.	YEAR IF UNDER 24 HRS. Days Hours Min.
during most of working life, ever	d of work done 10b. if retired)	KIND OF BUSINESS OR IN	mary	land	12. CITI2	CEN OF WHAT COUNTRY
13. FATHER'S NAME	4 mus	,	14. MOTHER'S MAJOEN	hers (	CARR	12)
	or dates of service)	14-32-41876	Ennette Kell	ky 4209	Plyns M.	11 Pd.
18. CAUSE OF DEATH [Enter o	USED BY:	he for (a), (b), and (c).]	mholisi	~		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate	DUE TO (b)	nevalized	Pentern	ti		
couse (o), stoting the under-	DUE TO	reinon	m of C	evry		
CATIC		ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	MINAL DISEASÉ CONDIT	ION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	OF DEATH	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I ar Part II of item	1B.)	
20c. TIME OF INJURY Month, Hour o. m. p. m.	Doy, Year 20d. It 19 White of work	_ Not while _	PLACE OF INJURY (Home, for foctory, street, office bldg., et	m, 20f. (City or town)	(Co	ounty) (Stote)
21. I certify that I attendative on	ded the decease	744	1938, to the occurred at 215			ast saw the deceased e date stated abave
ACTUAL SIGNATURE	ASI.	week	M.D. 921-	ADDRESS (Street, city of		DATE SIGNED
PHYSICIAN'S NAME (Type)			Was	h. 6 D.	e,	
	22/58	22c. NAME OF CEMETERY Ash Memor		22d. LOCATION (City Sandy		(State)
23. FUNERAL DIRECTOR'S SIGNATUR	willy F	ockville, Md	•	"D BY REGISTRAR 24	b. REGISTRAR'S SIGN	

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Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO 4. DATE NAME OF First Middle Lost Day Yeor DECEASED OF DEATH (Type or print) 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Doys Months Hours WIDOWED T DIVORCED T 10o. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Ass't. Mgr. - Mens Clothing Dept. Hecht 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ACAMAD POR PORTUGOS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address rs. Ethel 101 Williamsburg 578-10-3797 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY - mo IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which (b) gave rise to immediate DUE TO couse (o), stoling the underlying couse lost. BART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (State) (County) foctory, street, office bldg., etc.) Hour o. m While Not while at work at work 21. I certify that Lettended the deceased from that I last saw the deceased alive on and that death occurred at 700 2/100M, from the causes and on the date stated above. DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) WILLIAM D. AUD 22d. LOCATION (City, town/ar county) 22a. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) WASHINGTON . VD.C. GLENWOOD CEMETERY FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR SILVER SPRING. MD.

VS A15 (4) 15M 9/55 COLUMN COMMENT MAY SO THE SAME OF THE SAME OF T. Ethol S. Document, 2002 and Larry Boll S. Differs The state of the s The property of the state of th The State Company of the State of the Late of the Company of the C to be all the party of the part CONTRACTOR OF THE STATE OF 

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ampletely filled in by the funeral director, page 3 shauld be detaled in the following permit. Then please remove carbo pers. Pages 1 and 2 should be filed with the registrar prior to bures, crematian, ar remayal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/SS CERTIFICATE OF DEATH

	1 )	V	-	J.	

1. PLACE OF DEATH			2. USUAL RESIDENCE (WH	ere deceased lived. If in	stitution: Residence b	efore admission)
a. COUNTY Montgome:	777	MARYLAND	o. STATE	b. COL		,
b. CITY OR TOWN (If outside care RURAL and give nearest town)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, w	rite RURAL and give	nearest fown)
Takoma Park		8 years	Washingto	on D.G.	4-7x-	
d. NAME OF HOSPITAL (If not in OR INSTITUTION			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Ralls Nur	seing Hom	e	1332 Loc	cust Rd. N.W		YES NO
3. NAME OF DECEASED (Type or print)	First	Middle	N. NTON	4. DATE OF DEATH Aug	Month	Day Year 20 1958
S. SEX 6. COLOR	OR RACE 7. MAI	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In y	ears IF UNDER 1 YE	AR IF UNDER 24 HRS.
Female Whi			Sept. 25. 1	378 83	yrs. Months Day	Alin.
<ol> <li>USUAL OCCUPATION (Give kind during most of working life, ever</li> </ol>	d of work done 10b if retired)	. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN	OF WHAT COUNTR
Housewife		Own Home	New Yorl		U.	S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		
Jacob H. Kirk	patrick			nces Swinner	ton	
15. WAS DECEASED EVER IN U. S. Al	RMED FORCES? 16 or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT		Address	D.
no		none R	obert H. Dente	on 1332 Loc	nst Rd. N	.W. Washin
18. CAUSE OF DEATH [Enter o	nly one couse per	line for (a), (b), and (c), ]				NTERVAL BETWEEN
PART I. DEATH WAS CAL			Ringo		45	NSET AND DEATH
IMMEDIATE	CAUSE (a)	Banary	accura			umediate
400.1	DUE TO	. 11			- 17 - 18	1
Conditions, if any, which )	(b) C	erdis - Roman	- Tracelon	alhered	Elevatia	Secul
gave rise to immediate	DUE TO					ega
lying cause lost.	DOL 10					
	(c)					
PART II. OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO DEATH 8U	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(c	1) 19. WAS AUTOPSY PERFORMED?
3 alulas	mil	disterser				YES NO P
200. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE C	NG 20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in I	Part I or Part II of item 18	.)	
	AMINER)	And Village				
20c. TIME OF INJURY Month, Hour a. m, p. m.	While		LACE OF INJURY (Home, farm octory, street, office bldg., etc.	, 20f. (City or town)	(Coun	ty) (State)
21. I certify that I atten	ded the decen	sed from 7/3	, 19.5 \(\frac{1}{2}\), to	7/8 19	38 that I last	saw the decease
27/-	aca me acced					
alive an	18	$L_{-}^{+}$ , and that deat	h accurred at 4,			
		,	8/2958	ADDRESS (Street, city or t	own, state)	DATE SIGNI
SIGNATURE CAMPA	nd Co	Whal	M.D. 7600 Car	collAve. Tak	oma Park.	Md_ 8/20/
		THE RESERVE				
PHYSICIAN'S NAME (Type) Raymon	d O. West					
220. BURIAL, CREMATION, 22b. DA		22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (City, to	wn or county)	(State)
REMOVAL (Specify)			ZII ZIIZII ZII			
Burial Aug  23. FUNERAL DIRECTOR'S SIGNATUR		8 Ft. Lincoln ADDRESS		Nacadalanana (		
MIN XI D	000	ADDKE22		D 8Y REGISTRAR 24b.	REGISTRAR'S SIGNA	TUKE
III nanor, co, low	L WATCH I	Silver Spring,	2.62	2 2 '58	Tilling S. Kro	

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
9236	CERTIFICATE	OF	DEATH	Pan

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Rea. Dist. No.	

-	1000 mg. 515. No.
1.	PLACE OF DEATH o. COUNTY  O. STATE  2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE  b. COUNTY  MARYLAND
F	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  24413 XC 200000000000000000000000000000000000
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION
3.	NAME OF DECEASED (Type or print) Test of Death Seath Seath 1958
5.	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In years   IFONDER   YEAR IF UNDER 24 HRS.   lost birthday)  May 15 D23 Haurs Min.
10	dering most of working life, eyen if retired)  10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Cana a a a Cana
13.	FATHER'S NAME Wesley Mason Clara Blois  (Lan Knowley)  (Lan Knowley)
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANY In no. or unknown) (If yes, give wor or dotes of service) None  None  None
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to Immediate cause (a), stating the under-lying cause last.  (b)  Canditions of Immediate cause (a), stating the under-lying cause last.  (c)
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m.  p. m.  19  20d. INJURY OCCURRED While Not while at wark at wa
	21. I certify that I attended the deceased from July 157 to Chique 10, 1958 that I last saw the deceased alive on Chique 10, 1958, and that death accurred of 2009M, from the causes and on the date stoted above.  ACTUAL SIGNATURE OF THE SIGNED M.D. 5707 Wilsonson Oct 8/10/68
22	PHYSICIAN'S Donald A. Ekman 5707 Wisconsin Ave. Wash, D. C.  BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
	Burial Specify) 8/13/58 Cedar Hill Cemetery Suitland, Maryland
	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ROBert A. Pumphrey  Bethesda, Maryland  Adel G 1 2 9 9 8 8 6 1 5 1 7 9 9 8 8 8 8 9 8 9 8 9 8 9 8 9 8 9 8 9

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necessary, please	director. Page	I for your files.	al-transit permit. File pages 1 and 2 with the State Board of Health, I &	STH
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9237 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY O. STATE MARYLAND b. COUNTY MONTGOMERY MARYLAND b. CITY OMONTGOMERY c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BETHESDA D.O.A KENSINGTON d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 11014 YES NO TO Glueck Lane SUBURBAN 3. NAME OF First Middle 4. DATE Lost Month DECEASED OF (Type or print) TERRENCE DONNELLY IF UNDER TYEAR IF UNDER 24 HRS. AHG CHARLES OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE fin years fact birthday) Months Days Hours WIDOWED [ DIVORCED [ MALE WHITE 1946 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) WASH. D.C. Student US 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CORNELTUS DONNELLA MYRA Mc CLOSKEY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IYes, no. or unknown? (If yes, give war or dates of service) Cornelius Donnelly, father-same as None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY hours CEREBERAL EDEMA AND ANOXIA IMMEDIATE CAUSE (o) DUE TO ACUTE PULMONARY EDEMA hours Conditions, If any, which gave rise to immediate couse DUE TO (a), stoting the underlying cause lost. unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19, WAS AUTOPSY PERFORMED? YES K NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while of work at work p. m. 21. I certify that I taok charge of the remains described above, held an Autapsy [7], Inspection [7]. Inquiry [ and in my apinian death resulted fram: Natural causes (7), Accident (7), Suicide (7), Hamicide (7), Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE -ASSISTANT MEDICAL EXAMINER 8-6-55 **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Gate of Spring. Maryland Burial 18/9 245 REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Bethesda, Maryland DATE AUG 1 A. Pumphrey

40 VS. A15ME 5M 2/57

Y. DOUGHOU EMERRET. .0.2 :EDAW The wall to the control of the contr

CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) direct a. COUNTY b. COUNTY Montgomery Maryland MARYLAND Montgomerv funeral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CfTY OR TOWN (If outside carporate limits, write RURAL and give nearest town) H RURAL and give nearest lawn) should Chevy Chase Bethesda hours d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? Suburban Hospital 3711 Taylor Street YES NO TK 3. NAME OF Middle 4. DATE Month Yeor Day (Type or print) DEATH Emma Casev Doran August 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 9. AGE (In years los birthday) Manths Davs Hours Min November 1, 1861 Female White WIDOWED DIVORCED T 10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Homemaker Galveston, Texas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL Thomas Casev Catherine Fav 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Miss Helen Fay Doran As above 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cause (a), slating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month. Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Nat while of work of work 21. I certify, that I attended the deceased from 1920 that I last saw the deceased alive an /death accurred at 17 M, fram the causes and an the date stated above. ACTUAL 3 should PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Aug. Washington WHERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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## FOR STATE HEALTH DEP

of director. Page of for your files.

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MAKILAND STATE DEPAKT	MENT OF HEALTH—BALTIMOKE, 18 (1361)
9183 MEDICAL EXAMINE	R'S CERTIFICATE OF DEATH
3103	Reg. Dist. No.
1. PLACE OF DEATH  O. COHMIN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission
Marylai Marylai	NO O. STATE OO d b. QOUNTY
b. CITY OR TOWN (It autide experts limits, write RUIAL   C. LENGTH OF STAY IN	1b SITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town)
and give negrest fawn)	1 Dil.
latoma art a lat	rs raimer lark, Agalls ville 11
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS ON A F
Washington Sanitarium	8350 Allendale Dr. YES [1
3. NAME OF DECEASED First Middle	Lost 4. DATE Month Doy Yeor
(Type or print) Harry Fran	10 15 DILLEY DEATH & - 12 19.
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE In yours IF UNDER 1YEAR IF UNDER
M WINDOWED W DIVORCED TO	S - > S   lost birthday)   Months   Doys   Hours   M
A	0-21-03 3411
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INE during most of waching title, even if retired)	DUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT CO
Maslerer	USH.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elmer Divuor	Annie Loretta, ma.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? No. SOCIAL SECURITY NO. 1	7. INFORMANT Address
(If yes, give war at dates at service)	Hospital Record
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ]	INTERVAL DETWEEN
PART I. DEATH WAS CAUSED BY:	ONSEE AND DEIGH
9023 IMMEDIATE CAUSE (o)	Garenon on non
DUE TO .	l Rome to the same
Conditions, if ony, which gove rise to immediate couse	concusion 2 hour
(a), stoting the underlying DUE TO	1 16 11
couse lost. (c) parelul of	skull ax nou
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUT
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEADER BY	PERFORME
200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED	YES N
PRIMARY Or CONTRIBUTING 2	. (Enler noture of injury in Port I or Parl II of item 18.)
	Txrom Scattard While pla
	PLACE OF NJURY (Home, form, 20f. (City or town) (County) (S
3 Hour o. m. 8-1/ 1959 While Not while	Bernadelles School Silver String Mor
21. I certify that I took charge of the remains described a	
	2
opinion deoth resulted from: Notural causes , Accider	Suicide, Homicide, Undetermined monner

FAANK J. Broschant 220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 8/16/58

Francis Gasch's Sons

22c. NAME OF CEMETERY OR CREMATORY Mt. Olivet

DEPUTY MEDICAL EXAMINER 22d. LOCATION (City, lown, or county)

(Stote)

DATE SIGNED

8/16/58 23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Balto. Ave. 240. REC'D BY REGISTRAR Hyattsville, Md.

DATE AUG 1 8 '58

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

> 24b. REGISTRAR'S SIGNATURE arthur S. Kraus

Washington D.C.

VS. A15ME 5M 2/57

its designated agent, execute the certificate, 4 should be forwarded TO FUNERAL DIRECTOR:

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		n Total Paris Paris	ingelit a Sons	

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
9239	CERTIFICATE	OF	DEATH	1

8 U9219
Reg. Dist. No. 215

1. PLACE a. CO	e of DEATH UNITY Mont	tgomery		MAR	YLAND				d lived. If instituti Cotumbită		e before a	dmission)
	Y OR TOWN (	If outside corporate limi	ls, write	c. LENGTH OF STAY	'IN 1b	c. CITY OR T	OWN (If o	utside corpo	rate limits, write R	URAL and g	ve nearest	town)
Beth	nesda (I	Rural)		12 days			shing	ton	1	7/X.	- 3	
d. NA	INSTITUTION	TAL (If not in hospital, o	give street	oddress)		d. STREET A						N A FARM?
U.S.	Naval	Hospital,	Beth	esda, Md.		10	40 Wal	hler I	Place, S.	E	YE	S NO
3. NAME DECEA (Type		Lill		Middle Lan		EAI	RLY	4. DATE OF DEATH	Mor Augu	ıst	Day 28	Year 19 58
5. SEX		6. COLOR OR RACE	7. MAR	RIED NEVER MARR	IED 🔲	8. DATE OF BIRTH	Н		9. AGE (In years last birthday)			
Fema	ale	White	WIDOW	ED DIVORCE	ED 🔲	8 March	h 1899	9	59 yrs.	Months	Days H	ours Min.
durii	ng most of wor	ON (Give kind of work king life, even if retired	)		OR INDU			or foreign co	ountry)			HAT COUNTR
	ewife		H	ousewife			xas				U.S.	
	ER'S NAME					14. MOTHER'S		IAME				
	as LANG					Emma L	UDWIG					
(Yes, no. or		ER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	SOCIAL SECURITY NO		NFORMANT	7.7		Add		10	A 110
No				Unknown	(Da	aughter)	mrs.	Betty	J. Mers	ereau	(Sam	e As #c
ga	enditions, if a verise to i use (o), stating and cause last.  PART II. OTI	mmediate (	:)	Adenocar c					E CONDITION GIV	VEN IN PART	` P	VAS AUTOPSY ERFORMED?
OR O	CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY C								3 6 110
WEDICAL 20c. 1	TIME OF INJUR Hour a.m. p.m.	RY Month, Day, Ye	While	NJURY OCCURRED Not while	20e. PL	ACE OF INJURY (I tory, street, office	Home, farm bldg., etc.	, 20f. (City )	ar town)	(C	ounty)	(State)
aliv ACTI SIGN	ve on 28	nat I attended the August Numay rray G. Mit		58, and that	death	w.b. U.S.	9:25P Naval	M, from	of 1958 on the causes of freet, city or lown, Ltal, Bet Ltal, Bet	and on th state) thesda	e date :	8-29-
220. BUR REM Bur	OVAL (Specify)	9-2-58	)F	22c. NAME OF CEM Washingt		crematory	etery		TION (City, Iown, tland, M		nd	(State)
27. FUNE	Chambe.	amber	TH ST	SE, WASH	C.	ase C.		EP 3		STRAR'S SIG	NATURE Trace	đ.

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 toms 8 & 9, Film G-233 9/8/58 CERTIFICATE OF DEATH

09220

3240				Reg. Dist	. No.	
O. COUNTY MONTGOMERY	/ MARYLAND	2. USUAL RESIDENCE (WE		institution: Residence	before admission	)
b. CITY OR TOWN (If outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits	write RURAL and air	ve nearest town)	4
RURAL and give nearest tawn)		56				
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	SILVER SPR	ING		e. IS RESIDE ON A FA	NCE
1541 EAST WEST HIGHWAY		1541 EAST	WEST HIGHW	AY	YES N	
NAME OF 548 First DECEASED (Type or print) JAMES PATRICK F.	Middle	Lost	4. DATE OF DEATH AUGU	Month ST 25	Day Yeo	
. SEX 6. COLOR OR RACE 7. MARRI	IED 🔀 NEVER MARRIED 🗌	B. DATE OF BIRTH 1902	9. AGE (I	AL A A	YEAR IF UNDER 2	
MALE WHITE WIDOWE	D DIVORCED	MARCH 17, 199		6 yrs. Months D	Pays Haurs	Min.
o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (State	ar fareign country)	12. CITIZ	EN OF WHAT CO	DUNTRY
	DERWOOD TYPEW	RITERS BALTIM	ORE MD.	U.	S. A.	
FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME			
MICHAEL J. FINN		ELLA BRANN	EN			
	SOCIAL SECURITY NO. 17.	INFORMANT	1548	Address		
	77-09-1325	MARY H. FINN	1547 EAST	WEST HOWY	SILVER	SPR
18. CAUSE OF DEATH [Enter only one cause per lin					INTERVAL BETW	
PART I. DEATH WAS CAUSED BY:	RCINOMA	DF LUN	1G W		ONSET AND DE	ATH
IMMEDIATE CAUSE (O)	steusive	1	100 -			
Conditions if any which \	special .	meranga			The state of	
gove rise to immediate						
cause (o), stoting the <u>under-</u> lying cause last.					3	
, (c)	ONTRIBITING TO DEATH BE	IT NOT PELATED TO THE TERM	INAL DISEASE CONDIT	ION CIVEN IN PART	I IO WAS ALL	TOPSY
FAMILIE OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BO	THO RELATED TO THE FERMI	INAL DISEASE CONDIT	ION GIVEN IN PART	PERFORM YES N	ED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURR	RED. (Enter nature of injury in	Part I or Port 11 of item	18.}		
		PLACE OF INJURY (Home, form actory, street, affice bldg., etc		(Co	ounty)	(Stote)
Mour a.m. While of work	TAOL MILLIE	aciony, arrect, arrice diag., die	7			
21. I certify that I attended the decease	ed from May 12	L, 19.58, to 5	06.25	1958 that 1 la	est saw the de	CACEA
alive on AUG 21 19 5		h occurred a 1045				
	,, and mar dear		ADDRESS (Street, city			SIGNE
SIGNATURE Jas. Berken	Ou Ost no.	" 1025 VE	FRMANT	- AVE	N. W. 8	1051
SIGNATURE VICE CONTROL OF THE SIGNATURE	20001 771	M.D. 1000	-111-10-17			1-7:
PHYSICIAN'S NAME (Type) JOSEPH BERKENBILT						
20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	On Corrections	TOTAL LOCATION (C)		(Ca. : )	
REMOVAL (Specify)			22d. LOCATION (City		(State)	
BURIAL AUG. 28, 1958		ATIONAL CEMETE		YER VA	LATIDE	
THUNERAL DIRECTOR'S SIGNATURE	SILVER SPRII	240. REC'	D BY REGISTRAR 24	b. REGISTRAR'S SIGN		
Sound of a wind-	7 DIPARY DEKT	NG, MD. DATEAU	M F 1			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 mpletely filled in by the funeral director. profits certificate has been signed by the ottending physician or for use as the burial-transit permit. Then please remove carbo the registrar prior to burial, cremation, or removal, and in any event within 72 hours/al may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: This certificate has been si page 3 should be detait VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH - SALTIMORE, 18 MIASO SO STADING OF DEATH THE WORL , TE HIGHE 

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WILLIAM SETTING AND 28, 1934 ORAN SANTENAL CONTINCT TO SET STORY OF THE SANTENAL SETTINGS OF THE

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1424

MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be crematian Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY O. STATE b. COUNTY MARYLAND burial, M b. CITY OR TOWN (If pyride corporate limits, write RUFAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 0 director. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS prior ON A FARM? YES NO D gistror NAME OF First DATE Lost Month Do Year DECEASED DEATH (Type or print) 19 0,2 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (in years 5. SEX IFUNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED [ DIVORCED [ yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) travel å off 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME podes Pages Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Ilf yes, give wor or dates of service! Fie Give 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: onour IMMEDIATE CAUSE (o) burial-transit LL 20. DUE TO with Conditions, if ony, which gave rise to immediate couse guo DUE TO (a), stoting the underlying couse fost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 00 PERFORMED? NO Z 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) While Not while o. m. of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry X, and find that death resulted from: Natural causes K. Accident . Suicide . Homicide . Undetermined cause . to the Chie 5 certificate, DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded to ASSISTANT MEDICAL EXAMINER DEPUTY **EXAMINER'S** cute the NAME (Type) DEPUTY MEDICAL EXAMINER OSChan 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town or county) (Stote) REMOVAL (Speciff 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE AUG 5 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

STEEL MEDICAL EXAMINER'S	
Description of the second seco	

	34	11	CERTIFIC		L OI DEAI			Reg. D	ist. No.		
1. PLACE OF DEATH					USUAL RESIDENCE (W	here decease	d lived. If institution	on: Reside	nce befo	re odmis	sion)
o. COUNTY	ntgomery		MARYLAND		a. STATE Marv	land	b. COUNTY	Mont	gome	rv	
b. CITY OR TOWN	If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	-	c. CITY OR TOWN (IF		rote limits, write R				n)
RURAL ond give in	neorest fown) nesda		17 days	1 x	Kensingt	on					
d. NAME OF HOSPI	TAL (If not in hospital,	give street			d. STREET ADDRESS	0.1.1				e. IS RES	
OR INSTITUTION Subu	rban Hospit	al		11	3706 Lawr	ence A	venue				NO A
3. NAME OF DECEASED	Fi	rat	Middle		Lost	4. DATE OF	Mon	th	Da	у	Yeor
(Type or print)		ence	Wilbert		Fox	DEATH	Aug	gust	2	22	1958
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8. D.	ATE OF BIRTH		9. AGE (In years lost birthday)	-			ER 24 HRS.
Male	White	WIDOW	ED DIVORCED		11/17/76		81 yrs.	Months	Days	Hours	Min,
100. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	JSTRY	11. BIRTHPLACE (Stote	or foreign c	ountry)	12. C	ITIZEN C	F WHA	T COUNTR
Retired	ang ma, aran ir rames				Virgin	ia			Am	eric	ca
13. FATHER'S NAME				14	MOTHER'S MAIDEN	NAME					
7ach	arish Fox				Unkn	own					
15. WAS DECEASED EV	ER IN U. S. ARMED FOI		SOCIAL SECURITY NO. 17.	INFO	RMANT		Add R	ess ~			
No.	(If yes, give war or dates of	service)	Unknown	ATC	hie Wilber	t Fox	Ki St	liver	Spr	ing.	Md.
	ATH [Enter only one c	ouse per li	ne for (g), (b), and (c).]			_	•			ERVAL BE	
	ATH WAS CAUSED BY:		A		Ann	Visa	10.		ONS	EJ AND	DEATH
11201	IMMEDIATE CAUSE (		Coron	1	y or	VIII.	un		-	6	da
420.1			0,000		0100	90	Calla	,	1	10	
Conditions, if gove rise to	immediate (		John March	11		en	oftle	1021		100	ar
lying cause lost.		:)		0			ALTER E				
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT	RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY DRMED?
PART II. OT	Jen	ers	elized )	W	thus	fel	erosi	7	-31	YES	_
	AS UNDERLYING CONTRACT	20b. DES	CRIBE HOW INJURY OCCURR	ED. (E	nter noture of injury in	Port I or Por	t II of item 18.)	100			
UF EITHER, NOTIF	MEDICAL EXAMINER)										
\$ 20c. TIME OF INJU	RY Month, Day, Ye	or 20d. 1	NJURY OCCURRED 20e. P	LACE	OF INJURY (Home, for	m, 20f. (City	or town)		(County)		(Stole)
20c. TIME OF INJU Hour o. m. p. m.	19	While of wor	ITOI WILLE	octory,	street, office bldg., et	c.)					
	hat /I attended the	doore	ad from Dr.	0	£ 19 to	8/22	158,0	Ab - A 1	last s		4
(	1 1 1 E	ueceus		-26	3	0-1-20	/)_(, 19				
alive on	-1-2-11-2-0-	, 19	, and that deat	n ac	curred at		n the causes of treet, city or town,		the da		ed abav
ACTUAL	1 Person	1)	VIII		1065	0 60	reet, city of form,		A.	01	7 2 /
SIGNATURE	A Comment	1	- CUNIV	M.D.	1002	2	ours.	yus.	<u></u>	-0-/-	17
PHYSICIAN'S NAME (Type)	John J. C	urry	J		Elw	55h	ringl	und			(
220. BURIAL, CREMATIC		)F	22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOCA	TION (City, town, o	or county)		(Sto	te)
Benova Epecify	8/25/58		Mt. Zion			Beth	esda Ma	rula	nd		
23. FUNERAL DIRECTO	S'S SIGNATURE		ADDRESS		24a. REC	D BY REGIST				RE	
Robert A	Pumphre	v-Re	thesda Marv	lan	d DATE	AUG 2 5	'58 (	Tribun	8. TG	aud	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR.

This certificate has been signed by the ottending physician and mpletely filled in by the funeral director, page 3 should be detacymetra use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within the registrar prior to burial. VS A15 (4) 1SM 9/SS

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VS A15 (4) 15M 10/57

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
9242	CERTIFICATE	OF	DEATH	

09223

							Keg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY		MARYLANI	0	UAL RESIDENCE (Wh	25137	b. COUNTY	1.		ission)
b. CITY OR TOWN (If autside corporate	te limits write	c. LENGTH OF STAY IN 1	h .	Maryland			tgomer		· · · · · ·
RURAL and give nearest town)	e illilis, willo	C. ELINOTH OF STAT IN T	С.	CITT OK TOWN (IF B	visioe corpi	prote limits, write	CUKAL ONG GIV	e negrest to	wnj
Olney		10 min.	X	Spencery	rille				
d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION	ital, give street	oddress)	A.	STREET ADDRESS				ON	A FARM?
Montgomery County C	eneral	Hospital						YES	□ NO □
NAME OF DECEASED (Type or print)	First	Middle		Last	4. DATE OF DEATH	Ма		Day	Year
	Blanch			Frazier	1	ALLE	UST IF UNDER 1 Y	VEAD IE IINI	19 5
	WIDOW	NEVER MARRIED		E OF BIRTH		9. AGE (In years last birthday)	Months De	ays Hour	
Female   Negro			34	2/16/ 10				511 05 1111	AT 60000
Da. USUAL OCCUPATION (Give kind of during most of working life, even if r	elired)	KIND OF BOSINESS OK IN	DUSIKY	I. BIRTHPLACE (State	ar tareign o	country	12. CITIZI	IN OF WHA	AT COUNTR
Housewife				Marvl			Ц	AZ	
3. FATHER'S NAME			14. /	MOTHER'S MAIDEN N	AME				
Peyton E. Car	nbell			Mary Wh	ite				
5. WAS DECEASED EVER IN U. S. ARMEI Yes. no. or unknown) (If yes, give wor or do		SOCIAL SECURITY NO. 17	7. INFORM	ANT		Add	dress		
(if yes, give wor or do	res or service)		T						
TIO CANCE OF DEATH CENTER OF		- 60 (-) (b) 1 (-) 3	-Jame	s Wilton F	razie	T S	ame	INTERNAL	
18. CAUSE OF DEATH [Enter only o		ne for (a), (b), and (c).)		B D				ONSET AN	ID DEATH
PART I. DEATH WAS CAUSED IMMEDIATE CAU	JSE (a)	lorons	no	arch	us	m		1 h	n
1260 X DI	UE TO		(						
Conditions, if any, which	. /	ubolin.	11	- 4				Lus	110
gave rise to immediate	(b) /	7 Janvin		N				1	an
cause (a), stating the under-	JE TO	0: 17						5 14	1 0 -
lying cause last.	(c)	urres						7.1	rec
PART II. OTHER SIGNIFICANT  20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  UIF EITHER, NOTIFY MEDICAL EXAMI	CONDITIONS	CONTRIBUTING TO DEATH E	BUT NOT RE	LATED TO THE TERMI	NAL DISEAS	SE CONDITION GI	VEN IN PART 1	(o) 19. WAS PERF YES [	S AUTOPSY FORMED?
200 ACCIDENT WAS INDERIVING	7 Jan Des	CRIBE HOW INJURY OCCUP	PPED (E-A-	and of interest in f	Post I or Po	+ (1 =6 item 10 )		1 152	J MOX
20a. ACCIDENT WAS UNDERLYING ( OR CONTRIBUTING () CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMI	EATH NER)	CRIBE HOW INJURY OCCUP	KKED. (Ente	noture of injury in r	arii ar ra	ri ii dr iiem ib.)			
20c. TIME OF INJURY Month, Day Haur a. m.	Year 20d. It	NJURY OCCURRED 20e.	PLACE OF	INJURY (Home, form,	20f. (Cit	y or town)	(Cor	unty)	(State)
Haur a. m.	While	Not while	factory, st	reet, office bldg., etc.	)				
p. m.	at wor	k at work			1	1			
21. I certify that J attended	, the decease	ed from Of 15	/	195 t, to 8	-/ 4	195	That I las	st saw th	e deceas
alive an 7/2-81	10 5	T and that day	ath accur	rred at 7:25_	AAA Fra				
direction of the second		indi dec	Jill acco			itreet, city or town			
ACTUAL	WA	10		8.	ADDKESS (3	City of lose,	Sidie	G	DATE SIGN
SIGNATURE	IVIV	NG	M.D		IM	De J	1	37	075
PHYSICIAN'S						4	/	/	/
NAME (Type) J. W. Bi	rd, M.	D.		San	ndy Sr	ring, Ma	ryland		
20. BURIAL, CREMATION, 22b. DATE THE BENDER PROCESS	HEREOF	22c. NAME OF CEMETERY ROUND	OR CREM			pencervi		• (St	late)
SULFRA ASSESSAGE SUCE A	A .	4 DDDCCC				1			
3. FUNERAL DIRECTOR'S SIGNATURE	.10	Rockville.	M		BY REGIS	TRAR 346. RES	ISTRAR'S SIGN	ATURE	
MAN XI DI	NWILL.	1		DAUG 7	7 '58	much	educh		

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		A STATE OF THE STA	
AND SEPARATURE IN STREET			
	• • •		

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9243

**CERTIFICATE OF DEATH** 

09224

_	0,720	Kag. Dist. 140.
1,	PLACE OF DEATH O. COUNTY MONT GOM ON MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY  Mon Terent in
	b. CITY OR TOWN (If offside corporate limity, write RURAL and give nearest (000)	c. CITY OR TOWN lif outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 9402 Riley Place	1 d. STREET ADDRESS. Play Place ON A FARM? YES NO DE
	NAME OF DECEASED (Type or print) Charles Cliffon	Freer 4. DATE Month Day Year OF DEATH AUS. 6 1965
	WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In years lost birthday) 77 yrs.    If UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.
4	De USUAL OCCUPATION (Give kind of work done of the street of working life, even if retired)  Description of the street of the st	1 210 / 1 70 016
3.	William Freer	14. MOTHER'S MAIDEN NAME Elizaboth Clark
	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (If yes, give wor or dates of service) none	Wife, Mrs. Mary A. Freer, 9402 Riley Place
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  LY 20.0  Conditions, if ony, which gave rise to immediate cause (o), stoting the under-lying couse lost.  DUE TO  Lying couse lost.	Arotic Kport Wisease
CALCA	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO PROPERTY NO PR
CERTIFI	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRENT (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Mooth, Doy, Year 20d. INJURY OCCURRED face of work 19 of work 20e. PU	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.) (City or town) (County) (State)
	21. I certify that I attended the deceased from 7/22 alive an 7/30, 19 58, and that death ACTUAL SIGNATURE 3. Amhan PHYSICIAN'S John B. Omhan	occurred at 3PM, from the causes and an the date stated above  ADDRESS (Street, city or town, stote)  M.D. 8805 ONN. AUC. 8/6/5
220	D. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 8/9/58 CONGRESSIONAL	CEMETERY WASHINGTON, D.C. (State)
23.	FUNERAL DIRECTOR'S BIGNATURE ADDRESS SILVER SPRIN	NG, MD. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE AUG 1 1 '58

poletely filled in by the funeral director, papers. Pages 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 O FUNERAL DIRECTOR: this certificate has been signed by the attending physician and page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon page the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO FUNERAL DIRECTOR: page 3 shauld be detached VS A15 (4) 1SM 9/55

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	9243 CERTIFICATE OF DEATH	
	DILIPONE CONTROL OF THE STATE O	200
		Manager and American
	And a log of District New Teach of Control	
		ALL IN SECURIOR DE LANGE
	100 Late - 100 Car - 100 C	
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MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE, OR

RTIFICATE OF DEATH	
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THE REAL PROPERTY.

D FUNERAL DIRECTOR for this certificate has been signed by the attending physician constant campletely filled in by the funeral director, page 3 should be delegated for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death. may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTO: er this certificate has been si

ecuted within 24 hours after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be VS A15 (4) 15M 10/57

								Reg. Dis	t. No.	
1. PLACE OF DEATH o. COUNTY	ontgomery		MARYLAI	- 11	usual residence (Who state Florida	ere decease	ed lived. If institut b. COUNTY		e befare	admission)
Bethesda	If autside corporate limi earest town)	ts, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN (If a		orate limits, write I	RURAL and g	ive neare	st lown)
d. NAME OF HOSPIT OR INSTITUTION The Clini	TAL (If not in hospital, g		address)		d. STREET ADDRESS 1310 North	15,21	lith Te	rrace		IS RESIDENCE ON A FARM? YES NO X
3. NAME OF	Fir		Middle		Lost	4. DATE	Moi		Day	Year
(Type or print)	Da	vid	Bryant		Fussell	OF DEATH		gust	7	1958
s. sex	6. COLOR OR RACE White	7. MARR	HED NEVER MARRIED		June 15, 19	49	9. AGE (In years last birthday) 9 yrs.			Hours Min.
10a. USUAL OCCUPATION during most of world	ON (Give kind af wark oking life, even if retired)	dane 10b.	KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (State	or fareign o	country)	12. CITI	ZEN OF	WHAT COUNTRY
None			None		District		lumbia		U. S	. A.
3. FATHER'S NAME	D			1.	. MOTHER'S MAIDEN N					
Albert L.		CE\$2 14	SOCIAL SECURITY NO.	T INISO	Lucille G		D 2.44			
	(If yes, give wor or dates of so				RMANT The Med				26	2 1
	ATH [Enter only ane ca		None	The	Clinical C	enver	, betnes	da III,		yland
	TH WAS CAUSED BY:	N.	ne rac (a), (b), and (c).		De 10 10	2020	de		ONSE	YALIBETWEEN
75117	IMMEDIATE CAUSE (o	110	money	1	and go	ary	rreon		17	.,,,,,
Canditians, if a	DUE TO	Cu	manilal.	Are	dir St	0.1.				
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lying cause last.	the under-	fo	31- OH	us	Letre_					
Ž	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	VEN IN PART		WAS AUTOPSY PERFORMED? (ES NO
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCU	JRRED. (E	nter nature of injury in P	art I ar Par	rt II af item 18.)			
20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Yea	while	Nat while	e. PLACE foctory,	OF INJURY (Hame, form, street, affice bldg., etc.	20f. (City	y or town)	(Co	ounty)	(Stote)
21. I certify th	at I attended the	deceose	ed from Aug	ust	3, 19 58, ta	Augu	st 7, 19 5	B.that L la	ast saw	the decease
alive on	August 7	, 19	$58_{-}$ , and that de	oth oc	curred atll:00p	M, from	m the couses of	ond on the	e dote	stated above
	1770	Y	, ,		-	ADDRESS (S	treet, city or town,	stote)		DATE SIGNE
SIGNATURE	1402 K	10	in and	M.D.	The Clinic					8/8/5
PHYSICIAN'S CA	RLOS R. LO	BARD	0, M.D.		National I Bethesda 1		utes of ryland	Health		
PO. BURIAL CREMATION REMOVAL (Specify)	226. DATE THEREO 8/9/58	F	Webster		tery	22d. LOCA	TION (City, town, bster,	or county) Flori	da	(State)
23. FUNERAL DIRECTOR			ADDRESS	Wagh	D. Cara. REC	PAY REGIST	TRAR 246 REGI	STRAR'S SIGI		
The S.H.	Hines Co.	.290	)1 14th St.	. N.	W. AI	ng 11	and the	real	un	

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	CERTIFICAT	F OF DEATH
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	Key, Olii, IVO.
1. PLACE OF DEATH 0. COUNTY ON + GOMONS MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. STATE b. COUNTY  A. A
b. CITY OR TOWN (If outside constrate limits, write RURAL and give negrest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neglest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  ON A FARM?  YES NO   ON A FARM?
ou var care	resigned in the state of the st
3. NAME OF DECEASED (Type or print) Carmer C	Lar les DATE Month Day Year DEATH Seeg, 16 1958
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS.  10/21/93 Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)  At Home	TRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. A. J.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(Yes, no. or unknown) (If yes, give wor or dates of service)	devard J. Carber- Boc Sulle, M
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stoting the under: lying couse lost.  (c)	hemorrhage, left hemisphere 3 da
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?  YES NO
206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	). (Enter noture of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, form, form, fory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
21. I certify that I oftended the deceased from January olive on 15 aug, 19 JB, and that deoth actual signature  PHYSICIAN'S W. G. HAWW	730
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) BURIAL AUG. 20, 1958 Arlington	R CREMATORY . 22d. LOCATION (City, town, or county) (Stote) National Arington, Virginia
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O	240. REC'D RY REGISTERS 246. REGISTERS SIGNATURE

D FUNERAL DIRECTOR: A this certificate has been signed by the attending physician and pletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the traction attending physicion.

TO FUNERAL DIRECTOR: A this certificate has been signed by the attending physician and pletely filled in by the funeral director. VS A15 (4) 15M 9/55

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led within 24 hours after death. Page 4

PHYSICIAN: The law requires that the death certificate be exec

TO FUNERAL DIRECTOR: Page 3 should be detached

VS A15 (4) 15M 10/57

TO HOSPITAL OR

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

09227 Reg. Dist. No.

1, PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
MONTGOMERY MARYLAND	DISTRICT of Columbia
b. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Takoma tark 11 days	Washing Tatifa D.C.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR, INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
WashingTon JanilaRium + HOSA	1345 Madison ST NIN YES I NO !
3. NAME OF DECEASED First Middle	Lost 4. DATE Month Doy Yeor
(Type or print) Ldill Louise	GARDNER DEATH /749 18 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  last birthdoy) Months Days Hours Min
Female white WIDOWED DIVORCED	Feh 4 1881 Tyrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if relired Teacher Rtd	Maine 45.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Perkins	Althor STONED
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
(Yes, no. or unknown) (If yes, give wor or dates of service)	HOSPITAL RECORDS
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (6) TENET FOIL TO	THE WITH LIKEMISE
	Lagher to hearing
Conditions, if ony, which gove rise to immediate	r Epivo SCENOSIS
cause (a), stating the under-	MIT + 1 - N/1
lying couse lost. (c) In 1831 In a	ODSTRUCTIM QUE TO HOLDESTORS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
A CONTRACTOR OF THE CONTRACTOR	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II af item 18.)
	ACE OF INJURY (I)
Hour o. m. White Not white for	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
p. m. 19 of work of work	
21. I certify that I attended the deceased from Tuseus	TIT 1958, to Ifu gust 25 1958, that I last saw the deceased
alive on August 25 19.5%, and that death	occurred at 95% M, from the causes and on the date stated above.
(1) 1/2	ADDRESS, (Street, city or town, stote)  DATE SIGNED
ACTUAL SOO / Stallo on e e e e	50 00 11 0151.50
SIGNATURE STATE CONTROLLED	M.D. & 7 DA Colesuille Rd Dilver Spring
PHYSICIAN'S Lysle Williams	Aug 25, 195
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial (Specify) 8/30/58 Loudon Parl	(5,0,0,0)
23. EUNERAL DIRECTOR'S SIGNATURE	24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Wy . Vinlanes & Sous - Bak	1017 DATE - 2 158 arthur S. Kraus

MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND necessary, pl burial, director. Page b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) and give negresi-town 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 7 YES NO NAME OF DATE Manth Day Year DECEASED (Type or print) DEATH 19, 5 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED FOR 8. DATE OF BIRTH 9. AGE IIn years IF UNDER TYEAR IF UNDER 24 HRS. Months Haurs WIDOWED [ DIVORCED [ yrs. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 8 LA707 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Poge 5 | File poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: notele IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which polog gove rise to immediate cause **DUE TO** (a), stoting the underlying cause last. pending" in iner's Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY SO PERFORMED? NO K 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury In Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) EXAMINER: factory, street, affice bldg., etc.) While m. m. Not while the ot wark at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy \( \square\), Inspection A. Inquiry X, and find that to the Chie. death resulted from: Natural causes 2. Accident . Suicide . Homicide , Undetermined cause Ch. MEDICAL DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE orworded h ASSISTANT MEDICAL EXAMINER DEPUTY 8-5-58 **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) For REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRARY SIGNATURE 24a. REC'D BY REGISTRAR Orthun S. Kraus VS. A15ME(5) 00 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

VS11		EDICAL EXAMINER	
			.,
		A CONTRACTOR	
	Comments of the Comments		
	Take to week # S		
		A Contract Contract	

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
			0	DEATH	

	92	47	CERTIFICA	ATE OF DEATH	Reg. Dist. N	60.
	PLACE OF DEATH	Mamer	MARYLAND	o. STATE Maryla	ased lived. If institution: Residence by	lonta.
	RURAL and give near	thesdo-	c. LENGTH OF STAY IN 16 7 days	c. CITY OR TOWN (If goiside co	rporote limits, write RURAL and give	nearest town)
	d. NAME OF HOSPITAL	uburbas	· Hospikal	Box 14		IS RESIDENCE     ON A FARM?     YES
	NAME OF DECEASED (Type or print)	Henry	y William	n Gassaway DEA	TH 8	Day Yeor
1	Tale	C. WIDOW		November 26, 182	lost buthdoy) Months Doy	
1	the feet of working	g life, even if retired	ERoad Cours	ission Maryl	and M.	S. A
	FATHER SHAME,	my Gass	away	14. MOTHER'S MAIDEN NAME  Manganet	Halland	
	WAS DECEASED EVER I	N U. S. ARMED FORCES? 16	20-36-9982	Wife MRS L	Villia B. Cass	anen Samo
	PART I. DEATH	I (Enter only one couse per li I WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO	ine for (o), (b), ond (c).}	Avest	0	NTERVAL PETWEEN NSET AND DEATH
	Conditions, if any gove rise to improve (o), stoting the lying couse lost.	nediote DUE TO	14 ferrilesca	use Keart	Muse	
CATION	derabu	R SIGNIFICANT CONDITIONS	tus	T NOT RELATED TO THE TERMINAL DISE		19. WAS AUTOPSY PERFORMED? YES NO
L CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Port I or	Port II of item 18.)	
MEDICA	20c. TIME OF INJURY Hour o. m. p. m.	While	1-	LACE OF INJURY (Home, form, 20f. (octory, street, office bldg., etc.)	City or town) (Coun	ly) (Stote)
	21. I certify that alive onC	t I attended the decea L.S. le., 19 redon P.	1 1	h occurred at 400 M, fi	om the causes and an the construction (Street, city or town, stote)	
	PHYSICIAN'S NAME (Type)					

NAME (Type

0

220. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERS OF CREMATORY
OUR LIVE

22d. LOCATION (City, town, or county)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 1SM 9/5S

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: Af the is certificate has been signed by the attending physician and the lettly filled in by the funeral director, page 3 should be detached use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours often death.

VS A15 (4) 15M 9/SS

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		keg, Dist. No.												
	LACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a, STATE b. COUNTY												
	Montgomery MARYLAND	Maryland Montgomery												
b	CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown).	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)												
<	Silver Spring tyears	565: Iver Spring, Maryland												
d	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?												
	Daughter's home	1610 University Blvd. East YES NO												
0	AME OF ECEASED ype or print) Ruth Stanford	Satting Last Angust 5 1958												
5. S	Emale 6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   DIVORCED	B. DATE OF BIRTH  3 Sept 1895  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.     Manths   Days   Haurs   Min.     Manths   Days   Manths   Days   Manths   Days   Min.     Manths   Days   Manths   Days   Manths   Days   Manths   Days   Min.     Manths   Days   Manths   Days   Manths   Days   Manths   Days   Manths   Ma												
10a.	USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY												
	1+645e WIFE	Pothan, Alabama U.S. A.												
13. F	ATHER'S NAME	14. MOTHER'S MAIDEN NAME												
	Will Stanford	Nannie Story												
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT														
(1.00,	No None	Paughter silver Spring, Md.												
18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]														
	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  UTUTIONSC	Cerotic Heart disease ONSET AND DEATH												
	420.0 DUE TO SE 1/2 01 0	- 007-10												
	Canditions, If any, which ) (b)	ged un orion cleaners 15 years												
	gave rise to immediate cosse (o), stating the under-													
Iying couse lost.   (c)   (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO   NO   NO   NO   NO   NO   NO   NO														
							MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the control of the c	LACE OF INJURY (Hame, farm, clary, street, affice bldg., etc.) 20f. (City ar town) (County) (State)					
Ī	21. I certify that I attended the deceased from 4 August 1958, to 5 August 1958, that I last saw the deceased													
- 1	alive on 4 Changest, 19 58, and that death occurred at 8130 AM, from the causes and on the date stated above.													
	ADDRESS (Street, city or town, state)  DATE SIGNED													
SIGNATURE & Marcell B. amold M. 8801 Colesville Rose, 8/5/														
	PHYSICIAN'S RUSSELL B. Arnold	Silver Spring, md.												
220.	220 AIRIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF COMETERY OF CREMATORY 22d OCATION (GIV), 19WD. OF COUNTY (State) in Surgery of CREMATORY 22d OCATION (GIV), 19WD. OF COUNTY (State) in Surgery of CREMATORY (State) in Su													
23/	Welver Hallery 254 Grand	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEAUG 7 '58												

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEPTIEICATE OF DEATH

0940

		345	13	CERTI	IICAI	LOI	PLAII	•		Reg. Dist	. No.	
0		ontgomery		MARY		USUAL R	ESIDENCE (WI Maryl		ed lived. If instituti b. COUNTY			
1	RURAL ond give ne		ts, write	c. LENGTH OF STAY	IN 1b		or town (IF a		prote limits, write R	URAL ond gi	ve nearest (	own)
1	OR INSTITUTION	At (If not in hospitol, g			1	d. STREE	Fland		venue	-34	0	RESIDENCE N A FARM?
E	NAME OF DECEASED Type or print)	Fir Victo	st	Middle			Lost REDO	4. DATE OF DEATH	Mon		Doy 3	Yeor 19 58
s. s	amale			IED NEVER MARRI	ED   B. C	ATE OF B			9. AGE (In years last birthday) 63 yrs.	IF UNDER 1		NDER 24 HRS
0a.	USUAL OCCUPATIO during most of work House	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS C	R INDUSTRY	Ital		or foreign o	ountry)		ZEN OF WI	HAT COUNTE
3. 1	FATHER'S NAME				1	4. MOTHE	R'S MAIDEN N	IAME	The same			
)	Francisco	Iafolla				An	gelina	Gras	so			
		IN U. S. ARMED FOR	ervice)	SOCIAL SECURITY NO $32 - 58 - 2872$			G. Goffi	redo-	Same Ite		husba	and
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	fa:	e for (o), (b), and (c). ilure and			ongest ry ede		heart			BETWEEN NO DEATH HPS.
	Conditions, if on gove rise to in		7	arcinoma ymph node				cer	vical		3 M	onths
	lying couse last.	he under- DUE TO	)									
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT NO	T RELATED	TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	PE	AS AUTOPSY RFORMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	☐ CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY O	CCURRED. (I	nter notu	e of injury in I	Port I or Por	t II of item 18.)			
MEDICAL	20c, TIME OF INJURY Hour a.m. p. m.	Month, Day, Yea	20d. IN While of work	Not while of work	20e. PLACE factory	OF INJUR	Y (Home, form ffice bldg., etc.	, 20f. (City	or town)	(Co	ounty)	(Stote
	21. I certify the alive on August Actual SIGNATURE	at I attended the ust 3	decease , 19			, 195 curred	a:10:25		m the causes of treet, city or town,	and on the		he deceas ated aba DATE SIGN
	PHYSICIAN'S NAME (Type)	Andrew J		ennan, M.				omer	y Ave. B	etheso	la, Mo	18/4/
B	urial (Specify)	8/7/48	F	Gate of F					TION (City, town, corner Spring		arylar	nd
3. I	Robert A.	signature Pumphrey	-755	7Wis. Ave.	Beth	esda,	NATE	AUG 6	758 24b. 96615	STRARYS SIGN	NATHRE	

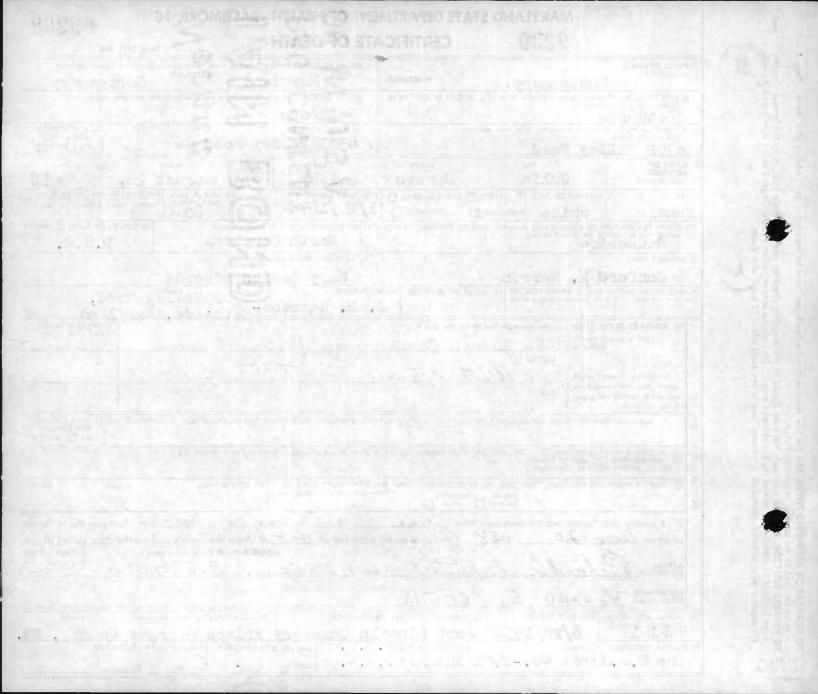
	HTA30 10 STA	DESTRUCTOR OF	
	in slength (1997)		
		23 4	Keelogton
	Charles Simples of		Track Samoters Lycers
a week a second of	al ogan Pop	1 10 1 10 1	Life of the second seco
	ga. 15, 1895		atinte aline
			21,000,000
	mo anisona	55.1	afferal costonous
and on- is up thans.	ang Mod Digital	4 6768-66-86	
	are train or telest		
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	ile na		BAY(B   F   AMAR

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9250

CERTIFICATE OF DEATH

						7000		Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	Mantagana		MARYL		o. STATE Maryl		lived. If instituti b. COUNTY			
L CITY OF TOWN !	Montgomer  If outside corporate limit		LENGTH OF STAY I						gome	
RURAL and give no	earest town)	s, wille	LENGIN OF SIAT II	NIB	c. CITY OR TOWN (If or	utside corpor	ate limits, write R	URAL ond give	nearest taw	n)
Betheso					Bethesda					
OR INSTITUTION	AL (If not in hospital, gi	ive street od	dress)		d. STREET ADDRESS	-				SIDENCE A FARM?
6302 Val	ley Road				6302 Vall	ey Ro	oad.			NO
3. NAME OF DECEASED (Type or print)	Julia		Middle Dar de:	n	Goolsby	4. DATE OF DEATH	Augus		Day	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARRIEI	D NEVER MARRIES	8.	DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y	EAR IF UND	ER 24 HRS.
female	white	WIDOWED	DIVORCED	0 1	/24/1878		last birthdoy) 80 yrs.	Months Da	ys Hours	Min.
10a. USUAL OCCUPATION during most of work Housew	king lite, even it retired)	lone 10b. KI	ND OF BUSINESS OR	INDUSTR	North C		untry)		U.S.	
3. FATHER'S NAME	7220				14. MOTHER'S MAIDEN N				0.0.2	2.0
	A M M.									
IS. WAS DECEASED EVE	d M. Warr		CIAL CECUTION	117	Mary Lou					
(Yes, no. or unknown)	If yes, give war or dates of se	rvice) 16. SC	CIAL SECURITY NO.	17. INFO		630	02 Va11	ey Ros	ad.	
				0.	M. Warren		thesda.			
	ATH [Enter only one cou	use per line	for (o), (b), ond (c).]						INTERVAL BE	ETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Rel	wie Par	cin	ma PROI	BABLU	OVARIA		3 in	PAAA
1750	DUE TO	1	. /		1	-1,			1	
Conditions, if o	ny, which )	111	the outer	udio	to into	1.				
gove rise to i	mmediate (		- Say (e)		- v vues	our c				
lying couse lost.	the <u>under-</u> (c)									
	1-7	DITIONS CO	NTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERMIN	VAL DISEASE	CONDITION GIV	FN IN PART 1/2	1 19 WAS	AUTOPSY
PART II. OTH		-			The state of the s	THE BISENSE	CONDITION ON	Ela lia LOVI Ile	PERFC	DRMED?
20a. ACCIDENT WA	S UNDERLYING D	20h DESCRI	IRE HOW INJURY OC	CIIDDED (	Enter nature of injury in Pa	art Las Past	Il of them 18 t		AF2	NO []
OR CONTRIBUTING	MEDICAL EXAMINER)	200. DEJEK								
20c. TIME OF INJUR Hour o. m.	Y Month, Day, Yea			Oe. PLACE	OF INJURY (Home, form, street, office bldg., etc.)	20f. (City	or town)	(Cour	nty)	(State)
p. m.	19	While at work [	Nat while ot work	100101	, sirce, office blug., etc.,					
21 I certify th	at I attended the	deceased	from Jun		19.55, to a	ua 21	10 5	4-11		
alive on au	7 -	105	~/ //			77	1720	that I last	saw the	deceased
dive di 2222		_, 1754_0	ond that c	searn a	corred at 10 A					
ACTUAL A	1 / 19	1.	1945				eet, city or town,	stote)	0	ATE SIGNE
ACTUAL SIGNATURE	chara 6	au	Bull	M.D	1150 Cos	mi	are.	MYL N	7, 8	126/3
PHYSICIAN'S NAME (Type)	RHARD .	EI	dEBUTTS							
220. BURIAL, CREMATIO	N, 22b. DATE THEREOF	F :	22c. NAME OF CEMET	ERY OR C	REMATORY	22d. LOCATI	ION (City, town, o	or county)	(Sto	le)
Burial (Specify)	8/28/1	958	Fort Lir	100 11	a Cemetery		ce Geo			
3. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS WA	sh.D	. C .   240. REC'D	BY REGISTR		TRAR'S SIGNA		7 4 171
The S.H.	Himes Co.	-290	1 Lith S	t.N	.W. DATE			24		
			1		AUG 2	7 '58	- July	& Three		
					MUG Z					



1.	PLACE OF DEATH			SA A D	YLAND	2. USUAL RESIDENCE (WHO o. STATE		d lived. If institu		nce befo	re odmiss	sion)
_		tgomery	16 .			Virgin:						
_	RURAL and give,		is, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF o		prote limits, write	RURAL ond	give ne	grest town	n)
		Rural) TAL (If not in hospitol, g		38 days	5	Lindsa	У	8 .	X -	5		
	OR INSTITUTION				3.51	d. STREET ADDRESS Post Of	ffice	Boy 32				FARM?
	NAME OF	Hospital,										NO
	DECEASED (Type or print)	Walte	er	Middle Horac	ce	GRAHAM	4. DATE OF DEATH	Aug	ust	1		Year 1958
5. 5	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARR	IED 🔲	B. DATE OF BIRTH		9. AGE (In years last birthday)				ER 24 HRS
Ma	ale	White	WIDOW	ED DIVORCI	ED 🗌	3 June 1886		72 yrs	Months	Doys	Hours	Min.
00	. USUAL OCCUPATI	ON (Give kind of work or rking life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (State	ar foreign a	country)	12. C	TIZEN C	F WHAT	COUNTR
M		U.S. Marine		s, Retired	đ	Arkansas	3			U	S.	
3.	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME			- 3		
G	eorge W. (	GRAHAM				Mary HILL						
5. (Ye	WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or doles of si	CES? 16.	SOCIAL SECURITY NO	D. 17. II	NFORMANT		Ad	dress			
	es	WW-I		Unknown	Sor	, Walter Hari	ry Gra	ham (San	e As	#2)		
	163×	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO		reinoma	rig	ght lung	wi	th		C	SET AND	rett
NO	Conditions, if a gove rise to cause (a), stating lying couse lost.	IMMEDIATE CAUSE (a DUE TO ony, which immediate the under- (c)	N	reactions	ry	yht lung	NAI DISEAS	E CONDITION G	VFN IN PA	6	ne me	nite
CATION	Conditions, if a gove rise to cause (a), stating lying couse lost.	IMMEDIATE CAUSE (a DUE TO ony, which immediate the under- (c)	N	reactions	ry	what lung	NAL DISEAS	E CONDITION GI	VEN IN PA	6	9. WAS	nitt
	Conditions, if a gove rise to cause (a), stating lying couse lost.  PART II. OT	IMMEDIATE CAUSE (a DUE TO ony, which immediate the under- (c)	DITIONS C	CONTRIBUTING TO DE	LA BUT	NOT RELATED TO THE TERMI			VEN IN PA	6	9. WAS	AUTOPSY PRMED?
	Conditions, if a gove rise to cause (a), stating lying couse lost.  PART II. OT	IMMEDIATE CAUSE (a DUE TO Ony, which immediate the under.  CHER SIGNIFICANT CONI  AS UNDERLYING  GOOD CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS C	CONTRIBUTING TO DE	EATH BUT DCCURRED		Port I or Pai	t II of item 18.)		6	9. WAS	AUTOPSY PRMED? NO
	Conditions, if a gove rise to cause (a), stating lying couse lost.  PART II. OT  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF INJUI	IMMEDIATE CAUSE (o DUE TO Ony, which immediate the under- HER SIGNIFICANT CON  AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Doy, Yec	20b. DESC	CONTRIBUTING TO DE  CRIBE HOW INJURY CONJURY OCCURRED  Not while  k	EATH BUT  20e. PLI foc	D. (Enter nature of injury in l	Port I or Par	or town)		RT 1(o) 1	9. WAS PERFO	AUTOPSY NO (Stote
	Conditions, if a gove rise to cause (a), stating lying couse lost.  PART II. OT  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF INJUI	IMMEDIATE CAUSE (o DUE TO ony, which immediate the under.  HER SIGNIFICANT CON  AS UNDERLYING  S C CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Doy, Year	20b. DESC	CONTRIBUTING TO DE  CRIBE HOW INJURY CONJURY OCCURRED  Not while at work and work an	PATH BUT  CCCURRET  20e. PU foc	O. (Enter nature of injury in lace OF INJURY (Home, form tary, street, office bldg., etc., 1958, to 13	Port I or Port	1 II of item 18.) , or town)	,that I	(County)	9. WAS PERFOYES TEST	AUTOPSY RMED? NO (Stote
MEDICAL CERTIFICATION	Conditions, if a gove rise to cause (a), stating lying couse lost.  PART II. OT  200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF)  20c. TIME OF INJUITION (IF EITHER, NOTIF)  20c. TIME OF INJUITION (IF EITHER, NOTIF)  21. I certify to alive on 12	IMMEDIATE CAUSE (o DUE TO ony, which immediate the under. Con HER SIGNIFICANT CON AS UNDERLYING CON MEDICAL EXAMINER)  RY Month, Doy, Year 19	20b. DESC 20b. DESC r 20d. II While at wor	CONTRIBUTING TO DE  CRIBE HOW INJURY CONJURY OCCURRED  Not while    Of work        ed from   6 Jul.    28, and that	EATH BUT  DCCURREI  20e. PL foc	O. (Enter nature of injury in Inc.)  ACE OF INJURY (Home, form tary, street, office bldg., etc.)  79.58, to 13.  occurred at 5:20A.	Port I or Paris, 20f. (Cin	or town)  1 the causes treet, city or town	that I	(County)	9. WAS PERFO YES	AUTOPSY PRMED? NO (Stote) deceased above
	Conditions, if a gove rise to cause (a), stating lying couse lost.  PART II. OT  200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF INJUITING INTERPRETATION OF M. P. m.  21. I certify the alive on 12.  ACTUAL SIGNATURE	IMMEDIATE CAUSE (o DUE TO Only, which immediate the under the under CE HER SIGNIFICANT CON AS UNDERLYING CON MEDICAL EXAMINER)  RY Month, Doy, Year 19  That I attended the August	DITIONS C 20b. DESC or 20d. III While at wor deceas	CONTRIBUTING TO DE  CRIBE HOW INJURY CONJURY OCCURRED  Mot while at work  ed from 6 Jul  8 , and that	PATH BUT  CCCURRED  20e. PL  foc	O. (Enter nature of injury in lace OF INJURY (Home, form tary, street, office bldg., etc., 1958, to 13 occurred at 5:20A.	Augus M, froi Abbress (s	or town)  it , 1956  in the causes freet, city or town tal, Bet	that I and on stote)	(County)	9. WAS PERFOYES TEST THE STATE OF THE STATE	AUTOPSY PRMED? NO (Stote deceased above ATE SIGN

MADVIAND STATE DEDADTMENT OF HEALTH

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VS A15 (4)

15M 10/57

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Montgomery MARYLAND D.C. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Gaithersburg Washington d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 1817 Marylander Home of Rest Lamont St. N.W. YES NO 3. NAME OF First Middle 4. DATE Year DECEASED OF DEATH Sue 58 Gray Augus t (Type or print) Crossman 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours female white WIDOWED TE DIVORCED | 6 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Washington, D.C. U.S.A. housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wm. D. Ida Cain Crossman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Barnesville, Md. George V. Menke. 18. CAUSE OF DEATH [Enter only one couse perfline for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ONSET AND DEATH DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBL TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? acture YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. factory, street, office bldg., etc.) While Not while of work of wark 19 5 a, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 10-1 alive on M, from the causes and on the date stated above. ACTUAL SIGNATURE PHYSICIAN'S Thomas A.N. Hindman 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Cedar Hill Cemetery Pr. Geo. Co. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. C 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE The S.H. Hines Co.. 2901 luth DATELUG

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VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

09235 Reg. Dist. No. 275

		925:	3	CERTI	FICA'	TE OF DE	ATH	193		Reg. Di	st. No.	215	J 14 G 47
	1. PLACE OF DEATH o. COUNTY  Montgol	merv		MARY		2. USUAL RESIDEN o. STATE  Mai	CE (Where dece		If institution.	on: Resider	nce befor	on t	ion)
	b. CITY OR TOWN (If outsi	de corporole limit	s, write	c. LENGTH OF STAY	IN 1b		NN (If outside co	orporole lim	its, write Rl	URAL ond	give nea	rest towl	٦)
Ĭ.	Bethesda (Rur			2 Days		× Ker	sington	1					
1	d. NAME OF HOSPITAL (IF OR INSTITUTION U.S. Naval Hos	not in haspital, gi		oddress)		d. STREET ADD	RESS 03 Eucli	d Dri	ve				FARM?
	3. NAME OF DECEASED (Type or print)	Firs Edw	f	Middle Jame	es	Lost HAGEN	4. DA		Mont		00	у	Year 19 58
	5. SEX 6. C	OLOR OR RACE	7. MARR	IEDE NEVER MARRIE	ED   B.	DATE OF BIRTH		9. AGE	(In years	IF UNDER		****	
1	Male W.	nite	WIDOWE	D DIVORCE	D 🗆	26 April	1908	50	birthday) yrs.	Months	Days	Hours	Min.
)	100. USUAL OCCUPATION (Goduring most of working lift Mariner, U.S.	<ul> <li>e. even if retired)</li> </ul>		KIND OF BUSINESS O	R INDUSTI	Ohio	E (State or foreig	gn country)			J.S.	F WHAT	COUNTRY?
	13. FATHER'S NAME					14. MOTHER'S MA	AIDEN NAME		131-	-			
	Harry G. HAGE	N			3.4	Josephi	ine MOBI	EY					
		S. ARMED FORG	rvice)	social security no Inknown		ormant fe) Mrs.	Zena Ha	igen (	Addr Same		2)		
	18. CAUSE OF DEATH	inter only one cou	se per lin	e for (o), (b), and (c).	]						INTE	RVAL BE	TWEEN
	PART I. DEATH W.	AS CAUSED BY: DIATE CAUSE (o)		EUMONI	1 40%				-32		ONS	ET AND	DEATH
	Conditions, if ony, w	iote ( DUE TO	TR	Achen-8	ESOP	HAGEK	+( F	istu	(14		2	MO	Nths
	lying cause lost.	der- (c)	CI	PRC: NO	MA	15 8	SOPF	TA9L	2_ر		1	Y	ns
2	CATE	SNIFICANT CONE	DITIONS C	ONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO TH	IE TERMINAL DIS	EASE COND	ITION GIV	EN IN PAR	T 1(o) 1	PERFC	AUTOPSY PRMED?
	200. ACCIDENT WAS UNION OR CONTRIBUTING CA	DERLYING DEATH CAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED.	(Enter nature of in	jury in Port I or	Part II of it	em 18.)				
	20c. TIME OF INJURY Mo Hour o. m. p. m.	nih, Day, Yea	While	JURY OCCURRED  Not while of work	20e. PLAC facto	E OF INJURY [Hor ry, street, office bl	ne, form, 20f. ( dg., etc.)	(City or town	n)	(	County)		(Stale)
	21. I certify that I	ottended the				19 58	all Aug	gust	, 19 58	,thot I	last so	w the	deceased
	alive on 11 Aug	ust	_, 19	50 , and that	death a	ccurred at 8	50P · M, f	ram the	causes o	nd on t	he dat	e state	ed above.
	ACTUAL SIGNATURE	ze w	1. 6	Taylor	L. M.	U.S. N		s (Street, cit spital			a, M	_	-12-5
1	PHYSICIAN'S GEORG	E W. TA	LOR,	CDR, MC, US	N	U.S. N	aval Hos	spital	, Bet	hesd	a, M	d.	
	REMOVAL (Specify)	-14-58		22c. NAME OF CEME Arlington				CATION (C			ia	(Stot	e)
	22 FUNERAL DIRECTOR SAIGH		-	ADDRESS Be			o. REC'D BY REC		24b. REGIS			E	
	R.A. Pumphrey		Hom	e 7557 Wis	consi	n Ave.	ATAUG 1 4	58	Onth	11 g	Kanad		

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	as pulsar.			
	Single of the title			I.w.L.
		70-1		
4.4		E. S.		A
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	and the property of the state o			
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VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9254

**CERTIFICATE OF DEATH** 

09236 Rea Dist No

1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased live.) STATE Virginia	red. If institution: Residence before admission) b. COUNTY Frederick
b. CITY OR TOWN (If outside corporate limits, w	rite c. LENGTH OF STAY IN 16		limits, write RURAL and give nearest town)
RURAL and give nearest town)  Bethesda	10 days	Gainesboro	934.3
d. NAME OF HOSPITAL (If not in hospital, give s	street oddress)	d. STREET ADDRESS	e. IS RESIDENCE
The Clinical Center.	Bethesda 14. Md	(none)	ON A FARM? YES NO
3. NAME OF First	Middle	Lost 4. DATE	Manth Day Yeor
(Type or print) Mary	Catherine	Haines OF DEATH	August 27, 1958
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years IF UNDER I YEAR IF UNDER 24 HRS.
Female White with	DOWED DIVORCED	July 10, 1918	Manths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign count	12. CITIZEN OF WHAT COUNTRY
Housewife	None	West Virginia	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Robert Nixon		Ethel Mullin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown)   (If yes, give wor or dates of service)		NFORMANT The Medical R	eoord*ddress
No	Unascertainable	The Clinical Center	. Bethesda ll. Maryland
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stoling the under- lying couse lost.  Part II. OTHER SIGNIFICANT CONDITION	Proposalid  Proposalid  Fibralific  Contributing to DEATH BUT	g discore - ander module - RUL NOT RELATED TO THE TERMINAL DISCASE CO	or seglal - 2 week  evere  Tibia  ONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
FICAT			YES NO
OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or Port II	of item 18.)
Hour o.m.	Nod. INJURY OCCURRED 20e. PL/ While Nat while fac It work of work	ACE OF INJURY (Home, farm, 20f. (City ar story, street, office bldg., etc.)	
ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S NAME (Type) Leon G. Smit	19_58, and that death	accurred at 7:05 Am, from the Address (Street M.D. The Clinical National Inst	7., 19.58, that I last saw the deceased the causes and an the date stated above to be caused and the date stated above to be caused and the date stated above to be caused and the caused
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIAL-Transit 8-29-58	22c. NAME OF CEMETERY OF		Y (City, tawn, or county) (Stote)
	Capon Chapel		ire County, W. Virginia
23. FUNERAL DIRECTOR'S SIGNATURE	Betherda In	240. REC'D BY REGISTRAR DATE SEP 2 158	Onthun S. Kana

WAS TEATED TO STATE DEPARTMENT OF STREET 20:14 bench when the first 12 years Constitution of the court of the court of the court

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9255

23. FUNERAL DIRECTOR'S SIGNATURE

### CERTIFICATE OF DEATH

09237

					CERTI	FICA	TE OF DEATE			Reg. Dist.	No. 2	215
	a. COUN	TY	tgomery		MARY	LAND	2. USUAL RESIDENCE (Who a. STATE Distr		ed. If institution Copunity		before ac	dmission)
	b. CITY C	R TOWN (If	outside corporate	imits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside corparate	limits, write RU	RAL and give	e nearest	town)
		esda (	- 1		3 mos. 25	day	s Washi	ington	4	47x-	3	V
	d. NAME	OF HOSPITA	AL (If not in hospito				d. STREET ADDRESS		và Rđ. 1		e. tS	RESIDENCE ON A FARM? S NO X
9	3. NAME O DECEASE (Type or	D	Jo	First hn	Middle (nmr	1	Lost HALLA	4. DATE OF DEATH	Montl Augu		Doy 29	Yeor 19 58
	5. SEX		6. COLOR OR RA	E 7. MAR	RIED X NEVER MARRI	ED B	. DATE OF BIRTH	9.			-	INDER 24 HRS.
	Male		White	WIDOW	ED DIVORCE	0 🗆	19 Sept. 189	97	ost birthdoy) yrs.	Months Do	ays Ho	ours Min.
í	10o. USUAL during	mast of work	N (Give kind of wo	red)	. KIND OF BUSINESS C		TRY 11. BIRTHPLACE (Stole New Je		(γ)		U.S.	HAT COUNTR
þ	13. FATHER'S	NAME	ALL Y				14. MOTHER'S MAIDEN N	IAME				
£	Herman	HALL	Α				Minnie MUCH					
		CEASED EVER		of service)	social security no		formant fe) Mrs. Blaz	nche R.	Addre HALLA		As #	2)
	Condi		H WAS CAUSED B IMMEDIATE CAUSI  DUE  y, which mediate	(b)	ine for (o). (b). and (c).	100.	os egh	agar	7			AL BETWEEN AND DEATH
		ovse last.	)	(c)								
)	CATIC						NOT RELATED TO THE TERMI			N IN PART 1	PE	REPORMED?
			S UNDERLYING DEAMEDICAL EXAMINE	TH R)	SCRIBE HOW INJURY O	CCURRED	. (Enter noture of injury in P	ort I or Part II	of item 18.)	713		
		E OF INJURY our o.m. p.m.		While	NJURY OCCURRED Not while rk ot work	20e. PLA	CE OF INJURY IHome, form, ory, street, office bldg., etc.	20f. (City or	lown)	(Cou	inty)	(Stote)
	21. I d	ertify the	at I attended t August	he deceas	sed from 4 May	death	, 19 58, 10 29 occurred at 4:30,	August		that I las	t saw t	the decease
	ACTUAL	URE /	Peralde	10 6.	7.11	₹ M		ADDRESS (Street	, city or town, s	tote)		DATE SIGNE
	PHYSICI NAME (	AN'S Ge			er, LT,MC,	USN	U.S. Naval	Hospit	al, Bet	hesda,	Md.	8-29-5
	220. BURIAL. REMOV. Buria	AL (Specify)	9-2-58	REOF	22c. NAME OF CEM Arlington				ton, Vi			(Stote)

Arlington Natl Cemetery

24a. REC'D BY REGISTRAR SEP 2 '58

DATE

24b. REGISTRAR'S SIGNATURE

ADDRESS

S.H. Hines, 2901 14th St., N.W. Washington, D.C.

ely filled in by the funeral director, Pages 1 and 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page certificate has been signed by the ottending physician and a please remove carbon within 72 hours after de os the buriol-tronsit crematian, or removal, may be retained by the hosp TO FUNERAL DIRECTOR: After page 3 should be detached the registrar prior to burial, VS A15 (4) 15M 10/57

the market and	HI HI HI ASO TO ST		
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	The state of the s		
	100.00		
	Al booms and (c)		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After is certificate has been signed by the attending physician and compage 3 should be detached use as the burial-transit permit. Then please remove carbon pages the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after defilt.

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	9256	CERTIFIC	ATE OF DEATH		Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY	TOOMEKY	MARYLAND	2. USUAL RESIDENCE (When o. STATE ARYLA	N D b. COUNTY	n: Residence before	odmission)
KUKAL days give neo	IESSA !	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF OUT  BETHE	iside corporate limits, write RI	URAL and give neare	est town)
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give street BURBAN	address)	d. STREET ADDRESS	ARENDON	Pn	IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF DECEASED (Type or print)	MARY	CATHERINE	HamilTON :	4. DATE Mon OF DEATH #110	= 7	Yeor 1958
FEMALE.	6. COLOR OR RACE 7. MAR WHITE WIDOW	ED DIVORCED	FEB 2 18	9. AGE (In years last birthday) yrs.	6 5	Hours Min.
Housev	ng life, even if retired)	KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (State of BALTO	- ms	12. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME	HoHmi	7 N	14. MOTHER'S MAIDEN NA	C. H.		
1S. WAS DECEASED EVER (Yes. no or unknown) (III	IN U. S. ARMED FORCES? 16. yes, give wor or dates of service)		INFORMANT Son / Edward O Hami	Addi ilton-5419 [	ress Uppingha	m St. C
PART I. DEAT	H [Enter only one cause per li H WAS CAUSED BY: IMMEDIATE CAUSE (o)	ge for (o). (b). ond (c).]	deal In	fasct	INTER	VAL BETWEEN T AND DEATH
Conditions, if an gove rise to im cause (a), stating th lying cause lost.	mediate Dus TO	rteriose	lorone H	East Dis	ense p	everal
PART II. OTHE 49 X 3 200. ACCIDENT WAS 00 CONTRIBUTING (IF EITHER, NOTIFY A		PNEU MO	T NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIV		WAS AUTOPSY PERFORMED? YES NO
	UNDERLYING [] 20b. DES I CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Pa	rt I ar Part II of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 20d. I White 19 at wor	Not while to	LACE OF INJURY (Home, form, actory, street, affice bldg., etc.)	20f. (City or town)	(County)	(Stote)
21. I certify that alive on_	t I attended the decease	sed from May		M from the causes a		stated above
ACTUAL SIGNATURE	Michel On	Healy	M.Ol Washing	Ton Cline	Wash ?	DATE SIGNED
PHYSICIAN'S NAME (Type)	lichel M. He	aly /	Washington	Clinic, Was	sh. D. C	•
220. BURIAL, CREMATION BUT 12 (Specify)	8/9/58	Congression		2d. LOCATION (City, town, o Washingtor		(Stote)
23. FUNERAL DIRECTOR'S	/ -/	sda, Marylar		BY REGISTRAR 24b, REGIS	STRAR'S SIGNATURE	ETT

10 to			
		pm em ***	
	5/m		

VS A1S (4) 1SM 10/S7 I

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

9257

8 (1923) Reg. Dist. No. 215

mery ide corporote limits									
	, write	c. LENGTH OF STAY	IN 1b	Maryla:		rote limits, write R	Montgo		wn)
ral)				Rockville	21				V III
-	re street o	address)	45	d. STREET ADDRESS	and have			e. IS R	ESIDENCE
ospital,	Betl	hesda, Md.		325 Seth Pla	ace /				A FARM?
First		Middle		Last	4. DATE	Man	th	Day	Yeor
Hugh		Groseclose	e H	ARMON	DEATH	August	5	9	19 58
OLOR OR RACE	7. MARR	IED 🔣 NEVER MARRII	ED 8. D	ATE OF BIRTH	19.00				1
hite	WIDOWE	DIVORCE	D 🔲	2-2-12		46 yrs.	Months Do	ays Hour	s Min.
ive kind of work de	one 10b.	KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (Stote of	ar foreign c	ountry)	12. CITIZE	N OF WH	AT COUNTR
,	La	andscaping		Virginia			US	A	
			1	4. MOTHER'S MAIDEN N	AME				1000
RMON				Ella MAE G	ROSECI	LOSE			
		SOCIAL SECURITY NO	. 17. INFO	RMANT		Add	ress		
		19-03-1511	Mrs.	Alice R. H.	ARMAN	(Wife),	same a	s #2	above
DUE TO		artiriose	e, s	whorachre	d			6	loure
							EN IN PART 1	PER	S AUTOPSY FORMED?
DERLYING AUSE OF DEATH CAL EXAMINER)	206. DESC	CRIBE HOW INJURY O	CCURRED. (E	nter nature of injury in P	art I or Par	III of item 18.)			٠
onth, Day, Year 19	While	Not while	20e. PLACE factory	OF INJURY (Home, form, , street, affice bldg., etc.)	20f. (City	or town)	(Cou	inty)	(State)
mas a.	, 19 ! J., ITH ]	58,, and that	death oc	curred ot 6:55A	_M, from	n the causes of treet, city or town.	and an the	date sta	
26. DATE THEREOF			ETERY OR CI		22d. LOCAT				
	not in hospital, ging in hospi	First Hugh  COLOR OR RACE  Nite WIDOWE  Wive kind of work done fe, even if retired)  J. S. ARMED FORCES? Give wor or dotes of service  Enter only ane couse per lir  AS CAUSED BY: EDIATE CAUSE (a)  DUE TO  Chich diote Inder:  DUE TO  COLOR   not in hospital, give street address)  [OSPITAL, Bethesda, Md.  First Middle  Hugh Groseclose  COLOR OR RACE 7. MARRIED NEVER MARRIED  Mite WIDOWED DIVORCE  ive kind of work done fe, even if retired)  U. S. ARMED FORCES?  I.6. SOCIAL SECURITY NO  219-03-1511  Enter only one couse per line for (o). (b). and (c).  AS CAUSED BY: EDIATE CAUSE (o)  DUE TO  Chich (b)  AS CAUSED BY: EDIATE CAUSE (o)  DUE TO  Chich ODERLYING  ORNIFICANT CONDITIONS CONTRIBUTING TO DEATH  CAL EXAMINER)  Onth, Doy, Year  20d. INJURY OCCURRED  While of work	not in hospital, give street address)  [OSPITAL, Bethesda, Md.]  First Middle  Hugh Groseclose H  COLOR OR RACE 7. MARRIED NEVER MARRIED B. D  Inite WIDOWED DIVORCED L  Inite WIDOWED DIVORCED L  Inite WIDOWED DIVORCED LANDSCAPING  RMON  U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO give wor or dotest of service 219-03-1511 Mrs.  Enter only ane couse per line for (o). (b). and (c). 1  AS CAUSED BY: EDIATE CAUSE (o) DUE TO Chich (b) Arterior DUE TO (c)  GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  DERLYING DAUSE OF DEATH CAL EXAMINER)  Onth, Day, Year 20d. INJURY OCCURRED While of work	not in hospital, give street address)    Cospital, Bethesda, Md.   325 Seth Pl.	not in hospital, give street address)    OSPITAL, Bethesda, Md.   325 Seth Place	not in hospital, give street address)  (ospital, Bethesda, Md.    Apare	A STREET ADDRESS   325 Seth Place   Street address   Mandale   Lost   A DATE   August   Aug	In in hospital, give street address)  Obspital, Bethesda, Md.  Seth Place    Color of Racce   Address   Ad	

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	Market and the second s
	Mileson of Committee Committee of the Co

	and a second
The second secon	
	a skind turn form and a skind of the skind o

# FOR STATE HEALTH DERT MINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please stifting the word "pending" in penal its lem, 18. Give Pages 1, 22 and 3 to the funeral director. Page he Chief Medical Examiner's Office along with form PM3. If 5 may be retained for your files. See 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EVAMINEDIC CEDTIEICATE OF DEATH

(	9	2	4	1

9258 MEDICAL EXAMINER	S CERTIFICATE OF DEATH Reg. Dist. No.
PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
maryland Maryland	O. STATE TEXAS b. COUNTY BOXAR
b. CITY OR TOWN (if outside corporate mits, write RUPAL on C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Betherde I wh	San antonin - 1 80 x-3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS  e. IS RESIDE ON A FA
9815 Singleton Dr	1916 Santa Bartana St YES NO
3. NAME OF DECEASED A First Middle	Lost 4. DAYE Month Day Year
(Type or print) Novat Ellen Ha	Truttered DEATH aug 7 195
SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In year)  IF UNDER 1 FAR IF UNDER 24  Months Days Mours Min
fuele white WIDOWED DIVORCED	3-2-1879 79 yrs. Months Days Hours Min
00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COU
horasvets	Ky. M.S.C.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
T.H.Colgrove	Tabitha ?
	INFORMANT Address
No	are Harwood- Slew 1
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Occlusion sudde
1420./ DUE TO	, cococo,
Conditions, if ony, which) (b)	
gove rise to immediate cause	
(a), stating the underlying DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMED YES NO
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Enter nature of injury in Part I or Part It of item 18.)
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLA Hour o. m. p. m. 19 of work of work	CE OF INJURY (Home, form, 20f. (City or town) (County) (Sto
Hour o. m. While Not while p. m. 19 of work of work	tory, street, office bldg., etc.)
21. I certify that I took charge of the remains described about	ove, held an Autopsy . Inspection . Inquiry . ond in
opinion death resulted from: Natural causes V, Accident	
1	
SIGNATURE Frank O. Broschart	CHIEF MEDICAL EXAMINER [
SIGNATURE	ASSISTANT MEDICAL EXAMINER
EXAMINER'S ELANK T. Brascher	T DEPUTY MEDICAL EXAMINER # 8-7-58
220. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR	
Burial (Specify) 8-10-58 Salem Ceme	
23. FUNERAL DIRECTOR'S SIGNATURE . ADDRESS	24g. REC'D BY REGISTRAR 24h-REGISTRAR'S SIGNATURE
Timothy Hanlon 3831-Ga.Ave.N.W	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours often execute the certificate, witing the word "pending" in pendi in Item, 18. Give Pages 1, 4 should be farworded the Chief Medical Examiner's Office along with form PM3. If TO FUNERAL DIRECTOR: ge 3 should be used as a burial-transit permit. File pages 1 execute the certificate, with 4 should be farworded TO FUNERAL DIRECTOR. or its designated agent, p **VS. A15ME** 5M 2/57

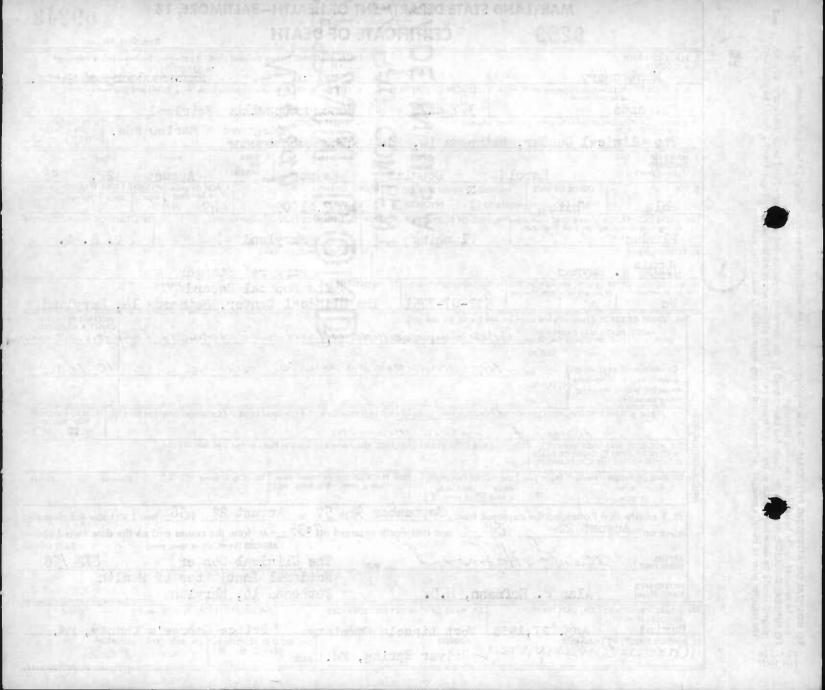
and select the entered with a fundamental and the selection of . L. Ave. . S. C. Son and and to Live

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		9259	Ite	CERT	IFIC	ATE OF	DEATH	1		Reg. Dis		JAXA
1.	PLACE OF DEATH					2. USUAL R	ESIDENCE (W)	nere deceased liv	ed. If institut			lmission)
	o. COUNTY Montgon	nerv		MAI	RYLAND	o. STATE	vland		b. COUNTY			Montg.
	b. CITY OR TOWN (IF	outside corporate limi	Is, write	c. LENGTH OF STA	Y IN 16			outside corporate	limits, write f	RURAL ond gi	ive nearest	town)
	RURAL ond give ne Bethesda	forest townj		357 day:	5	X Wes	bollwasbt	eddidae	Fairla	nd		
Г	d. NAME OF HOSPITA	AL (If not in hospital, o	jive street o	oddress)			T ADDRESS	usgrove			e. ts	RESIDENCE N A FARM?
L		ical Center	Bet	thesda 14	Md	650	9:20th	Assenne	or rierri	LOW KU	YES	NO 🙀
3.	NAME OF DECEASED	Fir	st	Midd	le		Lost	4. DATE OF	Moi	nth	Day	Yeor
	(Type or print)		cold	Doug	glas	H	aynes	DEATH	Aug		22,	1958
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MAR	RIED 🗌	B. DATE OF B	IRTH	9.	AGE (In years lost birthday)		YEAR IF U	NDER 24 HRS.
	Male	White	WIDOWE	_	_	May	7, 1909		19 yrs.			
10	o. USUAL OCCUPATIO during most of work	N (Give kind of work ing life, even if retired	done 10b. I	KIND OF BUSINESS	OR INDU	ISTRY 11. BIRT	HPLACE (Stote	or foreign coun	(A)	12. CITI	ZEN OF WI	HAT COUNTRY?
-	Plumber			Plumbin	g			rland			U.S.	A.
13	Louis -					14. MOTHE	R'S MAIDEN I					
L	WAS DECEASED EVER	Haynes	CEE2 14	OCIAL CECURITY A	0 117	DIFOCUADIT		aret St				
1)	es, no. or unknown)	If yes, give wor or dates of s		SOCIAL SECURITY N	J. 17.			lical Re				
=	No	ma fe		77-07-77	21	The CI	inical	Center,	Bethe	sda 14		yland
		TH [Enter only one co TH WAS CAUSED BY:	1	1			6	) dom		_	ONSET A	ND DEATH
	11901	IMMEDIATE CAUSE (o	1	cute my	ocalc	rial en	facts	in cue	mriust.	a, 1, 5m	Nation	~ 3 minu
	400.1	DUE TO				a cdio v					10.	1 -
	Conditions, if or gove rise to in	nmediote (	-	y pertensi	VC 80	201001	160000	c clese	6 36		10 y	lears
	couse (o), stoting to	the under-										
Z		ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO D	EATH BU	NOT RELATED	TO THE TERM	INAL DISEASE CO	ONDITION GIV	VEN IN PART	1(o) 19. W	'AS AUTOPSY
CATION		History		enscal		ombosis					PE	RFORMED?
CERTIFIC	20a. ACCIDENT WA	S UNDERLYING	/	RIBE HOW INJURY			e of injury in	Port I or Part II	of item 18.)			0 -0
	1	CAUSE OF DEATH										
MEDICAL	20c. TIME OF INJURY	Month, Doy, Ye		JURY OCCURRED	20e. Pt	ACE OF INJUR	Y (Home, form	20f. (City or	town)	(Co	ounty)	(Stote)
MED	Hour o.m. p.m.	19	While of work	Not while of work	10	ctory, street, o	rice blog., erc	1				
	21. I certify the	at I attended the	decease	d fram Sept	embe	r 9 19!	7 ta A	ugust 2	2 158	that I le	ast saw t	he deceased
	alive an Aug	gust 22	1958	and the	at death	accurred	017:35	PM. from t	ne causes o	and an th	e date si	lated above.
		of	1	r.	)			ADDRESS (Street			o daio vi	DATE SIGNED
	ACTUAL SIGNATURE	Hant.	Hod	mare		********		nical C	enter		8/2	24/58
	PHYSICIAN'S				1		Vationa	l Insti	tutes	of Hea	lth	
L	NAME (Type)	Alan F.		nn, M.D.			Bethesd	la 14, M	aryland	1		
22	o. BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREC	F	22c. NAME OF CE	METERY C	R CREMATORY		22d. LOCATION	(City, town,	or county)	(	Stote)
L	Burial		1958	Fort Lin	ncoln	Cemete	ry	Prince	George			Md.
23	FUNERAL DIRECTORS	SIGNATURE	Dreu	ADDRESS	0			UG 2 6 '58	24b. REGI	STRAR'S SIG	NATURE	
	CCC (CCC)	2,000	- (	Silver	Spri	ng, Md	DATE	02 2 0 00		Lithur S.	Thank.	



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

. (1	y	2	4	3
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e. IS RESIDENCE ON A FARM? YES NOTE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0100

Reg.	Dist	No
KAR.	DIST.	

12. CITIZEN OF WHAT COUNTRY?

and in my

ATE		0.1	.00							Reg	. Dist. N	0.	
DEPT.		LACE OF DEATH		•		2.	USUAL RESIDENCE	(Where decea	sed lived. If inst	itution: Re	sidence be	fore odr	nission)
1	-	. COUNTY Mont	gomery		MARYLAND		o. STATE Maryl	and	b. COUN	Mo Mo	ntgom	erv	
	t	. CITY OR TOWN (II	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16		c. CITY OR TOWN		porate limits, wri				own)
/		Takoma	Park			11'	7 Takoma	Park					
3	(	the state of the s	A STATE OF THE PARTY OF THE PAR	f not in host	pital, give street address)		d. STREET ADDRESS						RESIDENC
00		8627 Flow	er Avenue			1	8627	Flower	Avenue				J NO
	3.	NAME OF DECEASED	Fire	it	Middle		Lost	4. DATE	Mai	nth	Day		Yeor
		Type ar print)	CHESTE	R	E	Н	EISEY	OF DEATH	Ar	gust	19		19 58
	5. 5	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DAT	E OF BIRTH		9. AGE (In years lost birthday)	-	DER TYEAR		DER 24 HS
		Male	White	WIDOWED	DIVORCED [		April 24,	1901	57 yr	. Month	" 25	Hours	Min.
			N (Give kind of wark of life, even if retired)	ione 10b. K	IND OF BUSINESS OR INDUS	STRY 1	1. BIRTHPLACE (Sto	te or foreign	country)	12.	CITIZEN C	F WHAT	COUNT
	,	Haberdas					Pennsylv	enie			US		
	13.	FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME					
)		Edwa	rd Heisey				Ell	a Erbb					
			R IN U. S. ARMED FO	- fariyaa		INFOR			Addre	55			
		No		2	65-12-7299 R	luth	P. Heise	y-Item	#2				
			H [Enter only one cou	se per line l	or (a), (b), and (c). }		0					RVAL BETV	
			H WAS CAUSED BY: IMMEDIATE CAUSE (a)		Coronny	0	Telus	con -				00	ner
		420.1	DUE TO			0	0						
		Conditions, if or			Coroning Cartersi-	Se	leveses						
		gave rise to immed (a), stating the u	> DUE TO										
9.15		cause last.	) (c)										
	ğ	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT	NOT R	ELATED TO THE TER	MINAL DISEAS	E CONDITION O	IVEN IN	PART I(a)	19. WAS	ORMED?
0	3											YES 🗌	NO [
	CERTIF	20g. EXTERNAL CAU PRIMARY G or CON CAUSE OF DEATH.	TRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED.	(Enter r	nature of injury in Pi	ort I or Part II	of item 18.)				
	3	20c. TIME OF INJUR	Y Month, Day, Yea	r 20d. I	NJURY OCCURRED 20e. PL	ACE OI	F INJURY (Home, fo	rm. 20f. (Cit	y or town)		(County)		(Stote
	MEDICAL	Haur a.m. p.m.	19	While of wo	1401 MINIO	ctory, st	treet, affice bldg., e	(c.)					
			at I toak charge	of the r	emains described ab	ave,	held an Autap	sy 🗍, I	nspection 2	1. Ino	uiry Z	- 0	nd in m
					auses Accident		Suicide .		F-1		d mann		
							,						
		ACTUAL SIGNATURE	Section )	3.15	Ball	M.E	CHIEF MEDICAL	EXAMINER [			2 -		SIGNED
2							ASSISTANT MEDI	CAL EXAMINI	ER 🔲	19	au	91	195
		EXAMINER'S NAME (Type)	John G. B	all			DEPUTY MEDICA	L EXAMINER	2				
	220	BURIAL CREMATIO	N. 226. DATE THEREC		22c. NAME OF CEMETERY O	R CREA	MATORY	22d. LOCA	TION (City, town	, or coun	ly)	(Sto	ita)
		Burian pecify)	8/22/58		Kraybill Ce	m.		Mt	. Joy, I	enns	ylva	nia	
	23.	FUNERAL DIRECTOR			ADDRESS		24a. RE	C'D BY REGIS	FRAR 24b. REC	GISTRAR'S	SIGNATU	RE	
		Robert A.	Pumphrey	Beth	esda. Marylan	nd .	DATE	AUC 0.1	150	7.1	04		

# MARYIAND STATE DEPARTMENT OF HEALTH-BARTIMORE, 16

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e. IS RESIDENCE ON A FARM? YES NO XX

(Stote)

DATE SIGNED

IF UNDER 1 YEAR IF UNDER 24 HRS. Hours 12. CITIZEN OF WHAT COUNTRY?

	9260	CERTIFICA	ATE OF DEATH		Reg. Dist	. No.	
		MARYLAND	o. STATE	. b.	COUNTY		ion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda	LENGTH OF STAY IN 16			ts, write RURAL and gi	ve nearest town	)
11	d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION 9703 Cedar Lane	dress)	d. STREET ADDRESS 9703 Ced	ar Lane		ON A	IDENCE FARM? NO
3.	DECEASED	Middle LOU IS	Lost HELMLINGE	OF	Month August	3.0	Yeor 19 5 <b>9</b>
	Male White WIDOWED	DIVORCED	Sept. 10, 18	70 9. AGE lost b	(In years IF UNDER 1	YEAR IF UNDE	R 24 HRS
100	during most of working life, even if retired)		France	or foreign country)			COUNT
	Phillippe Helmlinge				ppert		
1S.	s, no, or unknown) (If yes, give war or dates of service)			aughter-s	Address ame as 2d		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  UE TO  Conditions, if ony, which gove rise to immediate	Heart Duticula	dissoria	tion		INTERVAL BE ONSET AND	TWEEN DEATH
RTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON					1(o) 19. WAS / PERFO YES []	RMED?
MEDICAL CE	20c. TIME OF INJURY Month, Day, Year 20d. INJU	_ Not while foo	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town	) (Co	ounty)	(State
	21. I certify that I attended the deceased alive on Aug 17 19		occurred at 7 30		, 19.55, that I lo	st saw the	deceas
	ACTUAL SIGNATURE BLOCK E. MACH	an b	A	DORESS (Street, city	or town, state)		17/5
	ACTUAL SIGNATURE ASSET E. MOTAN, PHYSICIAN'S NAME (Type) Robert E. Moran,	an fr.	A	DORESS (Street, city			17/5
	3. 1 100 TS. (Yes	1. PLACE OF DEATH o. COUNTY  Montgomery  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda  d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION 9703 Cedar Lane  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  Male  White  WIDOWED  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Teacher  13. FATHER'S NAME  Phillippe Helmlinge  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)  WILL  18. CAUSE OF DEATH (Enter only one couse per line in MACHINE)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  WOLL  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CO	1. PLACE OF DEATH  O. COUNTY  Montgomery  B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda  d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  9703 Cedar Lane  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  Male  White  WIDOWED  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Teacher  13. FATHER'S NAME  Phillippe Helmlinge  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. II  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  WIDOWED  16. SOCIAL SECURITY NO.  17. II  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate cause (o), stoting like under-lying couse lost.  OF CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED P. Month of the work of the wor	Delace of Death O. COUNTY  Montgomery  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda  d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 9703 Cedar Lane  3. NAME OF DECEASED (Iype or print)  S. SEX  6. COLOR OR RACE  White White Widowed DIVORCED DIVORCED B. DATE OF BIRTH WIDOWED DIVORCED B. DATE OF BIRTH WIDOWED TEacher  13. FATHER'S NAME Phillippe Helmlinge  15. WAS DECEASED EVER IN U. S. ARMED FORCES? WITH THE WINDOWS OF DEATH (If only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO Conditions, if ony, which gove rise to immediate course (o), stoling the under-lying course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN (IF EITHER NOTIFY MEDICAL EXAMINER)  20c. ACCIDENT WAS UNDERLYING DUE TO CORONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  20c. ACCIDENT WAS UNDERLYING DUE TO CORONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Your 20d. INJURY OCCURRED While D. D. STATE MARYLAND MARYL	PLACE OF DEATH O. COUNTY MONTGOMETY MARYLAND  b. CITY OR TOWN (if outside corporate limits, write RUAL and give nearest fown) Be the sca  d. NAME OF HOSPITAL (if not in bospital, give street address) OR INSTITUTION 9703 Cedar Lane  3. NAME OF HOSPITAL (if not in bospital, give street address) OR INSTITUTION 9703 Cedar Lane  4. OATE OF CEASED (type or print)  ICHARLES  LOUIS  B. DATE OF BIRTH OF OATE OATE OATE OATE OATE OATE OATE OATE	PLACE OF DEATH   D. COUNTY   MARYLAND	PLACE OF DEATH   0. COUNTY   MARYLAND   2. USUAL RESIDENCE (Where decoused lived. If institutions Residence before admiss on STATE   0. STATE   Maryland   0. STATE   Maryland

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey

ADDRESS Bathesda, Maryland 24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

AUG 21 '58

arthur S. Kraus

Lithat I last saw the deceased and on the date stated above.

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VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9261 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

										Keg. Dist.	No.	
1	. PLACE OF DEATH o. COUNTY	Montgomery		MAR	YLAND 2	o. STATE Pennsyl			lived. If institution b. COUNTY	n: Residence	before adm	nission)
1		If outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW			ote limits, write RI	URAL and aiv	e nearest to	ownl
	RURAL ond give n	earest town)		60 2					7	EV S	>	
1	Bethesda	TAL (If not in hospital, g	ve street o	60 days		Mount Jo			1.	3 X -C	- +S E	RESIDENCE
1	The Clinic				Md.	R. D. #					ON	A FARM?
3	NAME OF DECEASED	Fir	it	Middle		Lost		4. DATE	Mon	th	Day	Year
L	(Type or print)	Douglas		Lee		Hepler		OF DEATH	Augus	t	11	19 58
5	S. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRI	ED K B. C	ATE OF BIRTH		9		IF UNDER 1	YEAR IF UN	
L	Male	White	WIDOWE	D DIVORCE	1			149	8 yrs.	Months D	ays Hou	rs Min.
ľ	Oa. USUAL OCCUPATION during most of wor	ON (Give kind of work of king life, even if retired)	lone 10b. I	CIND OF BUSINESS C	OR INDUSTRY	11. BIRTHPLACE	(Stote o	r foreign cou	untry)	12. CITIZI	EN OF WH	AT COUNTR
	None	may may area in remode	1	None		Pennsy	vlva	nia		U.	S.A.	
1	3. FATHER'S NAME					4. MOTHER'S MAI	DEN N	AME			4.3	
L	Charles H	epler				Anna R	uth	Nolt				
	S. WAS DECEASED EVI	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	). 17. INFC	RMANT The	Med	lical	RecordAdd	ess		
	no			None	The	Clinica :					Maryl:	and
	204,3 Conditions, if a gove rise to i couse (a), stating lying couse lost.	immediate (		inte Hen eneraliz	Lepople unline	ic Men refechi	nhu al	now hem	Colition hope	5	ONSET AN	toly
CENTICIO ATION	PART II. OT	HER SIGNIFICANT CON						VAL DISEASE		EN IN PART 1		S AUTOPSY FORMED?
		AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	200. DESC	RIBE HOW INJURY O	OCCURRED. (	inter nature of Inju	ury in Po	ort I or Part	II of item 18.)			
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Manth, Day, Yea	While of work	Not while of work	20e. PLACE factory	OF INJURY (Home , street, office bld	e, form, g., etc.)	20f. (City	or town)	(Cou	unty)	(State)
	21. I certify the alive on AU  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	enne	125 Ga		12 death ac	curred at 0	nica	M, from DORESS (Street	et, city or town,	ind an the	date sta	ne decease ated abov DATE SIGNE /58
2	PEMOVAL (Specify)	8/14/58	F	22c. NAME OF CEM	ETERY OR C			Lanca	ON (City, town, c	Penns	_ '	tote)
23	Robert A.		7557	ADDRESS Wisc Ave		240		BY REGISTR	AR 24b. REGIS	STRAR'S SIGN	ATURE	

dignile Hattle held the same of the sa be steel or bein very very met in tree pletely filled in by the funeral director.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 should be detached use as the burial-transit permit. Then please remave carbon the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs offer death.

VS A15 (4) 15M 10/57 9262

### **CERTIFICATE OF DEATH**

Reg. Dist. No.

	3484							Keg. Dist.	NO.	
1. PLACE OF DEATH o. COUNTY Mo	ntgomery		MARYL		USUAL RESIDENCE (* o. STATE New	Where deceased liv	ed. If institutio b. COUNTY	n: Residence	before odmission	)
b. CITY OR TOWN RURAL ond give Bethesda		s, write c. Ll	ENGTH OF STAY IT	N 16	c. CITY OR TOWN (I			G7X	nearest town)	<b>V</b>
d. NAME OF HOSE OR INSTITUTION The Clin	sda 14, M	id.	d. STREET ADDRESS 531	Liberty	Street		e. IS RESIDI	ARM?		
3. NAME OF DECEASED (Type or print)	Firs Denis		Middle Diar	ne	Hill Hill	4. DATE OF DEATH	Mont	gust	Doy Yes	58
5. SEX Female	6. COLOR OR RACE	7. MARRIED			ate of Birth	4.4	AGE (In years lost birthday)  2 yrs.		YEAR IF UNDER	24 HRS. Min.
None None	TION (Give kind of work dorking life, even if retired)		OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Sto	and the second	(γ)	12. CITIZE	U.S.A.	DUNTR
3. FATHER'S NAME  Albert L	. Hill				Dorot	hy Jones				
5. WAS DECEASED EVILLED IN OUR OF UNKnown)	VER IN U. S. ARMED FORCE (If yes, give wor or dates of sec	rvice}	AL SECURITY NO.		rmant The Mine Clinica				, Maryla	nd
Conditions, if gove rise to couse (a), statin lying couse los	immediate DUE TO	postoj	nentive nany vena vicint cl	is de	unage 6	tolal and atrial se	maln utal de	pet		
PART II. O	THER SIGNIFICANT CONE	OITIONS CONTI	RIBUTING TO DEAT	TH BUT NO	RELATED TO THE TER	RMINAL DISEASE CO	ONDITION GIV	EN IN PART 1	(o) 19. WAS AU PERFORM YES 1	AED?
	VAS UNDERLYING A IG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OC	CURRED. (E	nter noture of injury	in Port I or Port II o	of item 18.)			
20c. TIME OF INJU	10	While	OCCURRED 2 Not while of work		OF INJURY (Home, fo , street, office bldg.,	etc.)		(Cou		(Stote)
21. I certify alive on_Au  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	that I attended the agust 6,  No Perryman	19 58 (au)	Collin	death ac	Nati	August (  OOA, from the ADDRESS (Street linical (  onal Instal hesda 14	ne causes a , city or town, s Center citutes	nd an the state)	date stated 8/6/	abov
220. BURIAL, CREMAT REMOVAL (Specif	1 (1	58 200	NAME OF CEMET	TERY OR CI	EMATORY	220 CATION	N (City, town, o	or county)	(Stote)	7
23, EUNERAL DIRECTO	er's signature	ral Ho	ADDRESS 39	89,7	240. RE	AUG 8 15	8 24 <b>6</b> FGIS	TRAR'S SIGN	ATURE	16

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	9263		CERTIT	CAI	COLDE	A 111			Reg. D	ist. No		
o. COUNTY  Montgo			MARYLAI	ND 2.	usual RESIDEN Lary Land	CE (Whe	ere decease	d lived. If institution b. COUN				ssion)
b. CITY OR TOWN RURAL ond give Be the	(If outside corporate limits, nearest town)	write	c. LENGTH OF STAY IN	H/N	c. CITY OR TOV Bethesda			orote limits, write	RURAL ond	give ne	arest tow	m)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, gived)	e street o Beth	esda, Md.	1/5	d. STREET ADD		d Rd.	,	3/4		ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	First Minnie		Middle Adelia		lost Hillman		4. DATE OF DEATH	A	onth t	23	зу	Year 1958
5. SEX	6. COLOR OR RACE	- MARRI	ED NEVER MARRIED		ATE OF BIRTH	- 0 - 0		9. AGE (In yeo			1	ER 24 HRS.
Female		VIDOWE			c. 13,			86 85%	Months:	Doys	Hours	Min.
during most of we Housewife	TON (Give kind of work do orking life, even if retired)		None	NDUSTRY	Stowe,			ountry)		S.A.		TCOUNTRY
Joseph Do	ouglas			14	Hattie							
15. WAS DECEASED EV (Yes, no, or unknown) NO	/ER IN U. S. ARMED FORCE   (It yes, give war or dates of serv	rice)	ocial security no.	Hele	mant en Hillm	an S	tahl		dress lenwoo	od Ro	d., B	eth.,M
Conditions, if gave rise to couse (o), stotinglying couse lost	immediate DUE TO	Car	cinoma, sto	mach							2 ye	ars
IZ	THER SIGNIFICANT CONDI								SIVEN IN PA	RT 1(o) 1	PERFO	AUTOPSY DRMED?
1	VAS UNDERLYING   2 IG   CAUSE OF DEATH Y MEDICAL EXAMINER)	oo. Desc	RIBE HOW INJURY OCCU	JAKED. (EI	iter nature of in	jury in re	ori i or ror	r II or Irem IB.)				
20c. TIME OF INJU Hour a. gr	10	While	JURY OCCURRED 204  Not white of work	foctory,	OF INJURY (Hon street, office blo	ne, form, dg., etc.)	20f. (City	or town)		(County)		(Stote)
21. I certify alive on Aug	that I attended the court 19	lecease , 19_5 An			curred at 4	\$ 50A	M, from	n the causes lived, city or tow nue, Be	and on n, stote)	the da	ite stat	decease ed above ATE SIGNE B/23/8
	Robert G. Ang		м.D.									
220. BURIAL, CREMATI REMOVAL (Specif Cremation	ON. 226. PATE THEREOF		22c. NAME OF CEMETER Cedar Hill		MATORY			and, Md			(Sto	te)
23. FUNERAL DIRECTO		-	ADDRESS		24	a. REC'D	BY REGIST		GISTRAR'S S	GNATU	RE	
Robert A.	Pumphrey-	Beth	iesda, Md.		D.	TE AUC	3 2 5 15	8 0	Thun 8	4	. 4	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and please is letter in by the funeral director; page 3 should be detached by the burial-transit permit. Then please remove corbon the registror prior to burial, cremation, or remayol, and in any event within 72 pages only dear. VS A15 (4) 15M 9/55

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d in b	3.	NAME OF DECEASED	Firs
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\$ \$\frac{1}{2} \times \frac{1}{2} \times \frac{1}{2	5. 5	6. C	COLOR OR RACE
plers.			White
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cion and	13.	FATHER'S NAME	
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physic may be a second may be second may be a second may be a second may be a second may be a	15.	WAS DECEASED EVER IN	U. S. ARMED FORG
72 I	"	No	give war ar cores or se
attending physical places remaining the second within 72 hours		18. CAUSE OF DEATH	
the attending physician and Then please remay contain seen within 72 hours after the seen wit		PART I. DEATH W	AS CAUSED BY:
Then Then		490X	DUE TO
any any		Conditions, if any, w	
gned b in any		gove rise to immed couse (o), stoting the <u>u</u>	
nsit si and	-	lying couse lost.	) (c)
-tra of,	ĮŠ.	PART II. OTHER SI	GNIFICANT CON
nov	FICA		
PATSICIAN: The law requires not all are attending physician. This certificate has been signed by r use as the burial-transit permit. Femation, ar removal, and in any e	CERTIFICATION	200. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MEDI	AUSE OF DEATH
tiffie ,		20c. TIME OF INJURY M	
this certification, cremation,	MEDICAL	Hour o. m.	onth, Doy, Yea
thi crea	¥	p. m.	17
hospital his idi, crem		21. I certify that I	attended the
oy the h TOR: A detach ta buri		alive on	f1-6-f-
DIRECTOR:		ACTUAL AS	11.1
DIRECT Prior		ACTUAL SIGNATURE	- Jackson
Serial OK Aller be relatived by the NERAL DIRECTOR: 3 should be detact egistrar priar to bu		PHYSICIAN'S Step	hen N. J
V be rela UNERAL DNERAL Je 3 shou registrar	220		2b. DATE THEREO
Poge the poge the se		BURIAL, CREMATION, 2 REMOVAL (Specily) BUT121	8/19/48
5 6	-	FUNERAL DIRECTOR'S SIG	NATURE
VS A15 (4) 15M 9/55	R	obert A. Pum	phrey

		9264		CERTII	FICAT	E OF DEATH			Reg. Dist	l. No.		
	CE OF DEATH	tgomery		MARYL		USUAL RESIDENCE (WHO O. STATE Maryla		ived. If institution b. COUNTY	Residence	omery	lmission)	
b. C	URAL and give ne	f outside corporate limi larest town) hesda	ts, write	1 hour	N 1b X	c. CITY OR TOWN (IF o	utside corpore	te limits, write RUF	AL and gi	ve nearest	town)	
d. N	NAME OF HOSPIT OR INSTITUTION	AL (If not in hospito), g Suburba			1	d. STREET ADDRESS Rt. 28 - Dar	nstown	Road		e. IS RESIDENCE ON A FARM? YES NO X		
DEC	ME OF CEASED be or print)	Cather:		Middle Rosalie Pat	ricia	Lost A. Hines	4. DATE OF DEATH	Month August	,	Day 16	Yeor 19 58	
5. SEX	emale	6. COLOR OR RACE White		RIED NEVER MARRIE	B. C	July 19, 192	9.	AGE (In years II	UNDER I	YEAR IF U	NDER 24 HRS. Urs Min.	
10o. U	SUAL OCCUPATIO	ON (Give kind of work-	done 10b.			Washington	or foreign coul		12. CITI		HAT COUNTRY	
13. FAT	THER'S NAME				I	4. MOTHER'S MAIDEN N						
		L. Hines				Catherine R	hodes					
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.		RMANT Mother		Addres	8			
1	Vo			None	Catl	nerine Dwyer	•		As a	bove		
9 00	490 X Conditions, if ar pove rise to in ouse (o), stoting to ying couse lost.	the <u>under</u> : DUE TO	)	Folar Folar	nor		a Freiz			20 hr	laz.	
CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER		2 Cul	y de	TRELATED TO THE TERMI			N IN PART	PE	AS AUTOPSY RFORMED?	
	c. TIME OF INJUR Hour o. m. p. m.		or 20d. II While of wor	_ Not while _	20e. PLACE fectory	OF INJURY (Home, form, , street, office bldg., etc.	, 20f. (City o	r town)	(Co	ounty)	(Stote)	
al AC SIG	TUAL	at I attended the	)2.	1 miles	death ac	Rockvi	ADDRESS (Sire	the causes and on the causes are caused and on the causes and on the causes and on the causes and on the causes are caused and on the causes and on the causes and on the causes are caused and on the causes and on the causes are caused and on the cause caused are caused and on the caused and on the caused and on the caus	d an th		he deceased tated above	
Bi	MOVAL (Specify)	8/19/48		Mt. Oliv				ON (City, town, or shington	, D.	C.	Stote)	
	neral director:		Beth	ADDRESS Bada, Marvl	and	240. REC'I	1 9 '58		RAR'S SIGI			

maly at minertel yeardman A. Jaudell

VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH OOCE

09249

	3203				Reg. Dist. No	•
PLACE OF DEATH     G. COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	ere deceased lived. If institu b. COUNT		
b. CITY OR TOWN RURAL ond give	N (If outside corporate limits, write nearest lown) Chase	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write	RURAL ond give ne	arest lown)
d. NAME OF HOS OR INSTITUTIO	SPITAL (If not in hospitol, give str N	reet oddress)	4. STREET ADDRESS	ary St.		e. IS RESIDENCE ON A FARM? YES NO
B. NAME OF DECEASED (Type or print)	First HAZEL	Middle J e HOL	LINGS HEAD	4. DATE M. OF DEATH AU OUT	onth Do	
s. sex Female		MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Feb. 22, 1886	9. AGE (In year lost birthdoy) 72 yr	Months Days	IF UNDER 24 HR Hours Min.
Oa. USUAL OCCUPA during most of w Housewif	rorking ine, even it rettred)	106. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote			F WHAT COUNT
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		
Wenry Th	omas Buckle Moj	/e	Jose; hine	Dunaway		
5. WAS DECEASED E	VER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Ad	dress	
,	(ii yaz gra wa ar asia ar zarras)	3/70	s.Evelyn H.Cu	ran, 4006 Ro	semary JJ	. C.C. Md
couse (a), statir	st. (c)			<b>V</b>		0
PART II. C	OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART 1(o)	PERFORMED?
OR CONTRIBUTION	WAS UNDERLYING 20b. I NG CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Part II of item 18.)		
20c, TIME OF INJ Hour a. p. m	1. W	d. INJURY OCCURRED hile work ot work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f. (City or town)	(County)	(Stat
alive an	that I attended the dece	eased rom.		M, from the causes		w the deceo
SIGNATURE	THOMAS	L CARGEAL GA	M.D. IV	ADCANASOL	K CANTA	V. PROPIG
PHYSICIAN'S NAME (Type)	-Go. A.C	Pray FTR 65	Q .	Ĵ		W/P
PHYSICIAN'S NAME (Type)	TION, 22b. DATE THEREOV	22c. DAME OF CEMETRY O		22d. LOCATION (City, town,	or county)	(Stote)

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use as the burial-transit permit. Then please remave carbon a cremation, or remayal, and in any event within 72 haurs affer dea his certificate has been signed by the attending physician and

# letely filled in by the funeral director, s. Pages I and 2 shauld be filed with

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

U	y	Z	C

246. REGISTRAR'S SIGNATURE Orthury S. Krous

24a. REC'D BY REGISTRAR

DATE AUG 1 9 '58

	9267		CERTIFIC	ATE OF DEATH			Reg. Dis	t. No.	(IJAU)
1, PLACE OF DEATH a. COUNTY	Montgome	·y	MARYLAND	2. USUAL RESIDENCE (When o. STATE Marvland	ere deceased	b. COUNTY	n: Residence		admission)
	f outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corpo				est fown)
RURAL ond give no Bethesda	egrest town)		1 day	Silver Spri	ng 5	-6			
	AL (If not in hospital, g	ive street		d. STREET ADDRESS 2706 Navarr		/ ve			IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	Fir		Middle	Lost	4. DATE OF	Mont	h	Day	Yeor
(Type or print)	Catherin		Mildred	Horn	DEATH	Augus		17	1958
5. SEX	6. COLOR OR RACE	7. MARI	HED T NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)			FUNDER 24 HRS. Hours Min.
Female	White	WIDOW	Second Committee of the	September 25,	1915	42 угз.		5075	77.0013
10a. USUAL OCCUPATION during most of work	ON (Give kind of work a king life, even if retired	ione 10b.	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Stole of	or foreign co	ountry)	12. CITI	ZEN OF	WHAT COUNTRY
Secretary	_		Secretarial	Michigan			U.	S.A.	•
13. FATHER'S NAME				14. MOTHER'S MAIDEN N.	AME				
Harry Laz	ar			Lena Yudk	ovitz				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT The Me	dical	Record	ess		
no			17-34-0488 T	he Clinical Ce	nter.	Bethesda	14.	Mary	yland
		use per li	ne for (o), (b), and (c).]					INTER	VAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	In	tracerebral he	emorrhage				3	6 hrs
33/X	DUE TO								
Conditions, if a									
gove rise to in	DITE TO								
lying couse lost.	) (c								
PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	VAL DISEAS	E CONDITION GIVE	EN IN PART	1(a) 19.	WAS AUTOPSY PERFORMED?
3 Me	etastatic c	arci	noma of Breast	t - 3 years				,	YES NO
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Po	ort I or Port	I II of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Yes	While	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City	or town)	(C	ounty)	(State)
21 I cortify th	at Lattended the	decens	ed from Amoust	16 , 1958 , to Au	onst.	77 1058	that I I		, the deserve
olive on_Aug		12.5	8 , and that deat	h occurred of 7:40P	M, from	the Causes o	nd on th	e dote	stoted obove
ACTUAL	turnet & K	7	COSE M.D	Man Olive			,		8/18/58
SIGNATURE	10000	1	1 /			itutes of	Heal	th	7170770
PHYSICIAN'S NAME (Type)	James A.	Rose	M. D.	Bethesda		Maryland	. 1164	L 011	
220. BURIAL, CREMATIO			22c. NAME OF CEMETERY			TON (City, town, o	sauatu'		104-4-1
Burial (Specify)	Aug. 18.19			morial Garden					(Stote)

ADDRESS

3501 14th St.,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: Afficial certificate has been sit page 3 shauld be detached use as the burial-transit the registrar priar to burial, VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

Bernard Danzansky & Sons

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9268 CERTIFICATE OF DEATH

Reg. Dist. No.

09252

1, PLACE OF DEAT o. COUNTY	Montgomery		MARYLAND	2. USUAL RESIDENCE (Wo. STATE Washingto		ved. If institution b. COUNTY	on: Residence be	efore admissio	n)
b. CITY OR TOW RURAL ond gi	/N (If outside corporate lim ve nearest town)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporot	e limits, write RI	URAL ond give	nearest town)	/
d. NAME OF HO OR INSTITUTI	OSPITAL (If not in hospital, (		oddress)	d. STREET ADDRESS	A D		/ ht- A = =	e. IS RESID	FARM?
	nical Center	, Bet	hesda 14, Md.	6310 Hill	crest D	rive		YES 🗌	ио М
3. NAME OF DECEASED (Type or print)	J	eanne		Houghton	4. DATE OF DEATH	Au		/	958
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years	IF UNDER I YE		
Female	White	WIDOWI	ED DIVORCED	August 13,	1939	lost birthdoy) 19 yrs.	Months Day	s Hours	Min.
10a. USUAL OCCUP during most of Studen 13. FATHER'S NAME	working life, even if refired	done 10b.	KIND OF BUSINESS OR INC	Washingt  14. MOTHER'S MAIDEN	on	ntry)		S. A.	OUNTRY
	H. Houghton								
		crea l.		Loretta					
(Yes. no. or unknown)	EVER IN U. S. ARMED FOR (If yes, give war or dates of	ervice)		INFORMANT The Me				Maryla	nd
gove rise t cause (a), sta lying cause I	, ,	, h	etestatic d	dieno-Cor	tical	Carris	uma	4yr	A.
CATI	OTHER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TERM	AINAL DISEASE C	ONDITION GIV	EN IN PART 1(o	PERFOR	MED?
OR CONTRIBUT	TWAS UNDERLYING  TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Port I or Port II	of item 1B.)			
Hour o.	NJURY Month, Day, Ye m. m. 19	While	NJURY OCCURRED 20e.  Not while  t of work	PLACE OF INJURY (Home, for foctory, street, office bldg., et	m, 20f. (City or	town)	(Count	ty)	(Stole)
21. I certify alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the August 15  Theodore L.	19	58 , and that dea	th occurred at 5:35  The Clini National Bethesda	P.M. from ( ADDRESS (Siree Cal Con Institu	the causes a t, city or town, ter tes of	nd an the c	date stated	abave E SIGNED
220. BURIAL, CREM. REMOVAL (Spe Remova)	ATION, 226. DATE THERECO	)F	22c. NAME OF CEMETERY		22d. LOCATIO	N (City, town, o	hingto	(Stote)	
23. FUNERAL DIRECT	TOR'S SIGNATURE	Son	address Pan	O . O . O . O . O . O . O . O . O . O .	D BY REGISTRA		TRAR'S SIGNAT		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 letely filled in by the funeral director, s. Pages I and 2 shauld be filed with his certificate has been signed by the attending physician and to use as the burial-transit permit. Then please remave carban per crematian, ar remaval, and in any event within 72 haurs after death may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: Af this certificate has been sit page 3 shauld be detached the sas the burial-transit the registrar priar to burial, crematian, ar remayal, and VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

page 3 shauld be detactive registrar priar to burial

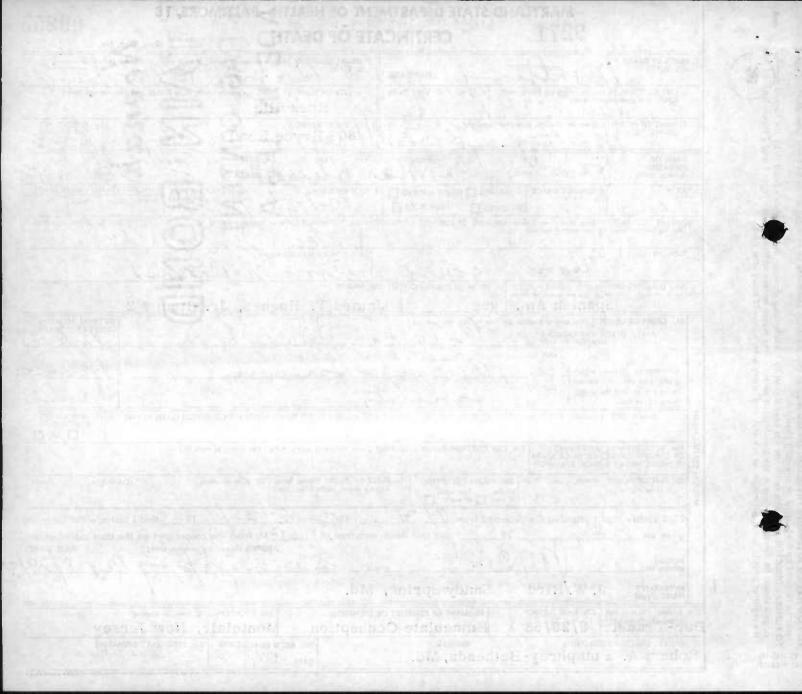
B. CITY OR TOWN (If onhide corporate limit, write   CLENGTH OF STAY IN 16   MORE   MOR	1. PLACE OF DEATH O. COUNTY  MARYLAND  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE b. COUNTY
d. NAME OF HOSPITAL (If no.) of hospital, give street oddress)  3. NAME OF HOSPITAL (If no.) of hospital, give street oddress)  3. NAME OF HOSPITAL (If no.) of hospital, give street oddress)  3. NAME OF BEEASED (Type or print)  3. NAME OF BEEASED (Type or print)  4. SEET ADDRESS  5. SEX  4. COLOG OR RACE (7. MARRED (1) NO. PRINTED (		
3. NAME OF DECEASED TO STOWN THE TOTAL STANDARD TO STA	RURAL and give nearest town)	x Moth Chem Class
3. NAME OF DECEASED TO STOWN THE TOTAL STANDARD TO STA	d. NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS
3. NAME OF COLOR OR RACE 7. MARKED NOVEL 10. MINDER YEAR IF UNDER 24 MARKED 19. SEX  S. SEX    G. COLOR OR RACE 7. MARKED NOVEL 10. MINDER YEAR IF UNDER 24 MARKED 19. SEX MARKED 19. SEX MARKED 19. ACE (In year life UNDER YEAR) IF UNDER 24 MARKED 19. SEX MARKED 19. ACE (In year life UNDER YEAR) IF UNDER 24 MARKED 19. ACE (In year life Under 2 MARKED 19. ACE (I	OR INSTITUTION Atmo	DONA FARM?
19   SEX   COLOR OR RACE   7   MARRIED   SATE OF BIRTH   P. AGE (IT you be followed by the present MARRIED   R. DATE OF BIRTH   P. AGE (IT you be followed by the present MARRIED   R. DATE OF BIRTH   P. AGE (IT you be followed by the present married by the present married   R. DATE OF BIRTH   P. AGE (IT you be followed by the present married	700110	
No. USALA OCCUPATION (Give kind of work done done dringing)   10. USALA OCCUPATION (Give kind of work done dringing)   12. CITIZEN OF WHAT COUNTRY during most ownshing life, even if retired)   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   17. INFORMANT   17. INFORMANT   18. WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. MOTHER'S MAIDEN NAME   18. MOT	DECEASED	- // OF 1
NUMBER   Country   Count	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. MAS DECEASED FUE IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. MOTHER'S MAIDEN NAME   18. CAUSE OF DEATH   (17 m. gra wo or down of social security on   068-09-1532   Mrs. Marion A. Hubbard-wife-same as 2d   18. CAUSE OF DEATH   (18 mer only one course per line for (6). (b) and (6).   18. CAUSE OF DEATH   (18 mer only one course per line for (6). (b) and (6).   18. CAUSE OF DEATH   (18 mer only one course per line for (6). (b) and (6).   18. CAUSE OF DEATH   (18 mer only one course per line for (6). (b) and (6).   18. CAUSE OF DEATH   (18 mer only one course per line for (6). (b) and (6).   18. CAUSE OF DEATH   (18 mer only one course per line for (6). (b) and (6).   18. CAUSE OF DEATH   (18 mer only one course per line for (6). (b) and (6).   18. CAUSE OF DEATH   (18 mer only one course per line for (6). (b) and (6).   18. CAUSE OF DEATH   (18 mer only one course per line for (6). (b) and (6).   18. CAUSE OF DEATH   (18 mer only one course per line for (6). (b) and (6).   18. CAUSE OF DEATH   (18 mer only one course per line for (6). (b) and (6).   18. CAUSE OF DEATH   (18 mer only one course per line for (6). (b) and (6).   18. CAUSE OF DEATH   (18 mer only one course per line for (6). (b) and (6).   18. CAUSE OF DEATH   (18 mer only one course per line for (6). (b) and (6).   18. CAUSE OF DEATH   (18 mer only one course per line for (6). (18 mer only one course per line for (6). (18 mer only one course per line for (6). (18 mer only one course per line for (6). (18 mer only one course per line for (6). (18 mer only one course per line for (6). (18 mer only one course per line for (6). (18 mer only one course per line for (6). (18 mer only one course per line for (6). (18 mer only one course per line for (6). (18 mer only one course per line for (6). (18 mer only one course per line for (6). (18 mer only one course per line for (6). (18 mer one course per line for (6). (18 mer one course per line for (6).		2/20/93 65 yrs. 5 27
13. FATHER'S NAME  George Hubbard  15. WAS DECEASED VER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INNORMANT  MW 1  18. CAUSE OF DEATH [Enter only one couse per line for (pl. (b), ond, (c).]  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (c)  DUE TO  Conditions, if only, which gove rise to immediate couse of the couse (pl., storing the under love low).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  YES NO BECCASED VERY  PART II. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (c)  DUE TO  OSCIONATE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  YES NO BECCASED VERY WAS UNDERSYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  YES NO BECCASED VERY WAS UNDERSYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  YES NO BECCASED VERY WAS UNDERSYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  YES NO BECCASED VERY WAS UNDERSYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  YES ON ACCIDENT WAS UNDERSYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  YES ON ACCIDENT WAS UNDERSYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  YES ON ACCIDENT WAS UNDERSYING OR CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  YES ON ACCIDENT WAS UNDERSYING OR CONTRIBUTING TO THE TERMINAL DISEASE CONDITION (CITY TO THE TEMPORAL DISEASE CONDITION (CITY TO THE TEMPORAL DISEASE CONDITION OR TO THE TEMPORAL DISEASE CONDITION OR TO THE TEMPORAL DISEASE	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
George Hubbard  15. WAS DECEASEDEVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  O68-09-1532 Mrs. Marion A. Hubbard-wife-same as 2d  18. CAUSE OF DEATH [Enier only one coure per line for (o), (b), ond, (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  UDUE TO  Conditions, if any, which gover its to immediate cours (o), tolating the waller lying cours lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED YES NO BEST ON CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED YES NO BEST ON CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED YES NO BEST ON CONTRIBUTION COURSED While OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED YES NO BEST ON CONTRIBUTION COURSED While OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED YES NO BEST ON CONTRIBUTION COURSED WHILE COURSED WHI		Mass. U.S.
15. MAS DECEASED EVER IN U. S. ARMED FORCES? [Visc no. or windown) of the interview of vision of various of the interview of the interview of vision of various of the interview of vision of various	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Text   Cause of DEATH   Enter only one course per line for (a), (b), and, (c).	George Hubbard	Elviny Taylor
B. CAUSE OF DEATH   Enter only one couse per line for (o). (b). ond, (c).		NFORMANT Address
18. CAUSE OF DEATH [Enter only one coure per line for (o). (b). ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which or rise to immediate course (o), staining the underlying course lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO DEATH II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO DEATH II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO DEATH II. OTHER SIGNIFICANT COURTED. (Enter nature of injury in Part I or Part II of item 18.)  200. ACCIDENT WAS JUNDERTYING DAILS OF DEATH NOT WHILL IT OF INJURY HOME. (Enter nature of injury in Part I or Part II of item 18.)  21. I Certify that I altended the deceased from Not while of work of work of twork of twork of two work. (Stole)  ACTUAL SIGNATURE  PHYSICIAN'S JUNDERTY OF COURTED While of work of work of work. (Stole)  ACTUAL SIGNATURE  PHYSICIAN'S JUNDERTY OF COURTED WHILL IN THE PROPERTY OF CREMATORY AND SIGNATURE  PHYSICIAN'S JUNDERTY OF COURTED WHILE OF CREMATORY APPLICANT AND SIGNATURE  ADDRESS (Street, city or town, stole)  DATE SIGNED  APPLICATION (City, town, or county) (Stole)  BURIAL CREMATION, 2726. DATE THEREOF APPLICATION NATIONAL PROPERTY APPLICATION OF COUNTY OF CO		s. Marion A. Hubbard-wife-same as 2d
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alive on	Hour a.m. Novy 19 While Not while of work of work	tory, street, office bldg., etc.)
ACTUAL SIGNATURE  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, REMOVAL (Specify)  Burial  23. FUNDERAL DIRECTOR'S SIGNATURE  ADDRESS (Street, city or town, stote)  DATE SIGNED  APPLIANCE M.D. SEC. DATE (Stote)  APPLIANCE MATERIAL DIRECTOR'S SIGNATURE  ADDRESS SIGNATURE  ADDRESS (Street, city or town, stote)  DATE SIGNED  APPLIANCE M.D. SEC. DATE (Stote)  APPLIANCE MATERIAL DIRECTOR'S SIGNATURE  ADDRESS SIGNATURE SIGNATURE	21. I certify that I attended the deceased fram 1/13	1957, to present, 19 that I last saw the deceased
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, REMOVAL (Specify)  8/20/58  Arlington National  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  PHYSICIAN'S NAME OF CEMETERY OR CREMATORY AREMOVAL (Specify)  8/20/58  Arlington National  240. REC'D BY REGISTRAR'S SIGNATURE  Pothogoda Marriand	alive on 8/17/58, 19, and that death	occurred at ZSDM, from the causes and an the date stated above.
PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, REMOVAL (Specify)  8/20/58  Arlington National  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  APPROVAL (Specify)  APPROV	60011	ADDRESS (Street, city or town, stote) DATE SIGNED
PHYSICIAN'S NAME (Type) JOHN B. CIMHAU CLOSE MAKE (Type) JOHN B. CIMHAU CLOSE MAKE (Type) JOHN B. CIMHAU CLOSE MAKE (Type) JOHN BUTIAL CREMATION, PREMOVAL (Specify) 8/20/58 Arlington National Arlington, Virginia  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  Part A Promotion Butined Address Add	ACTUAL SIGNATURE	10 8705 Conn. Ave. 8/12/18
220. BURIAL, CREMATION, REMOVAL (Specify) 8/20/58  Arlington National  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Pathogoda (Specify) BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  ADDRESS  Pathogoda (Stote) BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	//-	no
Burial 8/20/58 Arlington National Arlington, Virginia  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 24b. REGISTRAR'S SIGNATURE  Paral Property A Property Paral 22d Marriand	NAME (Type) VOHIV O. VIMMAV	Chery Chase Md
Burial 8/20/58 Arlington National Arlington, Virginia  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  APPROPRIA  246. REGISTRAR'S SIGNATURE	DEMOVAL (Specify)	
Debout A Promiser Pothords Mamriand	Burial 8/20/58 Arlington N	ational Arlington, Virginia
Robert A. Pumphrey Bethesda, Maryland DARWIG 19:59		24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Thought of the state of the sta	Robert A. Pumphrey Bethesda, Maryland	DARUG 1 9 '58 Oction & thous

		CERTIFICATE	TTS B	
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		bos Francisco	to veriani	· America

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Page . PLACE OF DEATH a. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 funeral RURAL and give regrest town) should d. NAME OF HOSRITAL (If not in haspital, give street address) OR INSTITUTION 20 3. NAME OF Middle DECEASED (Type or print) 5. SEX / 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED | WIDOWED FT

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) COUNTY / c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Rockville d. STREET ADDRESS e. IS RESIDENCE rvce Roa YES NO D 4. DATE DEATH 9. AGE (In years last burthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Hours Min. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTH/LACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Spanish Am Jr. -Item # 2 ves James T. Hughes. 18. CAUSE OF DEATH [Enter only one cause per line for (b), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1/19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month. Day, Year 20d. INJURY OCCURRED 20f. (City or lown) (County) (State) factory, street, affice bldg., etc.) Hour o. m. Not while of work ot work p. m. 21. I certify that I attended the deceased fram 19.5 that I last saw the deceased alive on and that death occurred at I LUATAM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL J. W/Bird PHYSICIAN'S Sandy Spring, Md. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 8/29/58 Emaculate Conception Montclair, New Jersey 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Robert A. Pumphrey-Bethesda, Md. arthur S. Thous

hours after death. death FUNERAL DIRECTOR: shauld be page may 0 VS A15 (4) 15M 10/57



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09256 CERTIFICATE OF DEATH 9272 Rea. Dist. No. be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before/admission) o. COUNTY b. COUNTY MARYLAND DIMI a (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, wifte c. LENGTH OF STAY IN 16 c. CITY OR TOWN RURAL and give hearest town ploods elliesda d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TH NAME OF Middle DATE Month Yeor DECEASED 5 (Type or print) 19 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED W NEVER MARRIED 8. DATE OF Days Months WIDOWED [ Gy yrs. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) anas 13. FATHER'S NAME IN U. S. ARMED FORCES? 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a)/fb), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cotse (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (County) (Stote)

Buipu TO FUNERAL 3 page

Hour 0.10 p. m.

factory, street office bldg., etc.)

of work of work

5 8 that I last saw the deceased

21. I certify that I attended the deceased from.

ACTUAL

PHYSICIAN'S NAME (Type 22a. BURIAL, CREMATION, Burial (Specify)

22b. DATE THEREOF 8/26/58 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county) Suitland. Maryland

and that death occurred at 6 30 M, from the causes and on the date stated above.

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey-Bethesda, Md.

ADDRESS

Cedar Hill

24a, REC'D BY REGISTRAR AUG 2 6 '58 246 REGISTRAR'S SIGNATURE arthur & Kroun

VS A1S (4) 15M 9/55

(NO 2464)	TE OF DEATH	CERTIFICA	12722	
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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Office

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PLACE OF DEATH a. COUNTY Montgomery b. CITY OR TOWN (If outside corporate limits, write by the funeral RURAL and give nearest tawn)
ROCKVILLE d. NAME OF HOSPITAL (If not in haspital, give street address) Waverley Sanitarium

MARYLAND

C. LENGTH OF STAY IN 16

Middle

5 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Maryland Montgomery

c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)

CHEXX XXXXXXX Bethesda d. STREET ADDRESS

4523 Middleton Lane 4. DATE

e. IS RESIDENCE ON A FARM? YES NO T

Year

Day

12. CITIZEN OF WHAT COUNTRY?

NAME OF DECEASED OF DEATH Allidee (Type or print) IRVING August 14 19 58 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Manths July 27, 1886 Female White DIVORCED T WIDOWED | yrs.

10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)

USA Illinois

Manth

Address

U.S. Govt Retired-Internal Rev. 13. FATHER'S NAME

9200

14. MOTHER'S MAIDEN NAME

Lillian Frazer

IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

INTERVAL BETWEEN ONSET AND DEATH

Reg. Dist. No.

Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.

John B. Irving

**DUE TO** Arteriosclerotic Heart Disease (b) DUE TO

15 years

Arteriosclerosis, generalized PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Hypertensive Heart Disease

15 years PERFORMED? YES NO

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Day, Year

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

20d. INJURY OCCURRED Nat while at wark at wark

Coronary Occlusion

20e. PLACE OF INJURY IHame, farm, 20f. (City or tawn) factory, street, affice bldg., etc.)

(County) (State)

21. I certify that I attended the deceased fram December 30 19 52 to August 14 19.58 that I last saw the deceased July 13 and that death accurred at M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 5009 Del Ray Avenue

ACTUAL

p. m.

Haur a. m.

Bethesda , Maryland

PHYSICIAN'S NAME (Type) Robert G. Angle, M.D. 22a. BURIAL, CREMATION, 22b. DATE THEREOF

8/16/58

22c. NAME OF CEMETERY OR CREMATORY Ft. Lincoln

22d. LOCATION (City, tawn, ar caunty)

(State) Prince George Co., Md.

23. EUNERAL DIRECTOR'S SIGNATURE ROBERT A. Pumphrey-Bethesda, Md.

240. REC'D BY REGISTRAR DATE AUG 1 8 '58

24b. REGISTRAR'S SIGNATURE arihun S. Traus

TO FUNERAL DIRECTOR: page 3 shauld be detoc VS A15 (4) 15M 9/55

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VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09258

927	3	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH	1			here deceased lived. If		before admission)
	o. COOMIT	n Gom ERU	/ MARYLAND	O. STATE	<b>6.</b> CC	YINUC	
	b. CITY OR TOWN (If outsige	e corporate li nils, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate limits,	write RURAL and gis	ve nearest town)
	13.4	tood a -	DA.	11/not	Too	47	x.3
0	d. NAME OF HOSPITAL C	R INSTITUTION (If nat in hasp	ital, give street address)	d. STREET ADDRESS	mg st		e. IS RESIDENCE
7	Sub	waban		17301	oxk Rd.	11.011	YES NO Z
	3. NAME OF	First	Middle (	o A Lost	4. DATE	Manth D	Day Year
	(Type or print)	James	м.	ellen	OF DEATH	7 - 1	1958
	5. SEX 6.	COLOR OR RACE 7. MARRIEL	D NEVER MARRIED 16	DATE OF BIRTH 189	5 . A 9. AGE (In ye	ors IF UNDER TYE	AR IF UNDER 24 HRS.
	Malo	WIDOWED	DIVORCED .	94 Conos	loat birthday	yrs. Months Day	Hours Min.
)	100. USUAL OCCUPATION (	Give kind of work done 10b. Ki	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE Sigle	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
	during most of working life	Gar	dening	Fhala	nd	de la	CA FR
	13. FATHER'S NAME		0	14. MOTHER'S MAJDEN N	IAME	101.0	2.000
	XIXXXXXXXXX V	William Jeff	erv	John kan power S	Sarah Jane	Morris	04
	15. WAS DECEASED EVER IN	U. S. ARMED FORCES? 16. S		FORMANT Son	Ad	dress 418 N.	Jefferson
	(Yes, no, or unknown) (If ye	s, give war or dates at service)	5-26-9630 H	arold E. Je		night sto	
		Enter only one cause per line fo		aroza D. oc	,1101 J N	1	NTERVAL BETWEEN
	PART I. DEATH W	AS CAUSED BY:	ormany se	chusin			ONSET AND DEATH
	420.1	DUE TO	owniany or	curus-			morane
	Conditions, if ony,						
77	gave rise to immediate	cause					
	(a), stating the unde	lying (c)					
	Z PART II. OTHER S	IGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM!	NAL DISEASE CONDITION	GIVEN IN PART 1(	a) 19. WAS AUTOPSY
0	PART II. OTHER S  Calla  200. EXTERNAL CAUSE V PRIMARY D or CONTRIL CAUSE OF DEATH.	Land IM:	1 00000	. 00.00			PERFORMED?
	200. EXTERNAL CAUSE Y	AS 20b. DESCRIBE	HOW INJURY OCCURRED.	nter noture of injury in Port	f or Part II of item 18.)		
	PRIMARY D or CONTRIL	UIING LI	1				
	3 20c. TIME OF INJURY	Manth, Day, Year 20d. It	NJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm	. 20f. (City or lown)	(County)	) (Stote)
	Y 20c. TIME OF INJURY Hour a. m. p. m.	While	Not white facto	ry, street, office bldg., etc.			
		I took charge of the re		ve. held an Autons	/ Inspection	Inquiry	双, and in my
		ulted from: Natural co				determined mar	
	opinion deam resi	· · · ·	ooses [A], Accident [		Tomicide [], One	Jererminea mar	nner [_]
	ACTUAL	200 Rass	of fact	M.D. CHIEF MEDICAL EX	AMINER []		DATE SIGNED
	SIGNATURE - JA	me for since	ann	_M.D. ASSISTANT MEDICA			
2	EXAMINER'S NAME (Type)	AXILL TI	Broatas &	DEPUTY MEDICAL E		8-5-	38
	220. BURIAL CREMATION.	22b. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City, to		(State)
	Burial-Tran	d = = d	Glencove Cer		Knightsto		
	23. FUMERAL DIRECTOR'S SIG		ADDRESS			REGISTRAR'S SIGNA	
	V. Allien lake	w turner 1	Bethesda			. ( )	1
	1 Jungo	June 4	iewe _		11 158	J. Jeans	

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pletely filled in by the funeral director, ers. Pages 1 and 2 should be filed with 4

TO FUNERAL DIRECTOR: A this certificate has been signed by the attending physician and page 3 should be detached by use as the burial-transit permit. Then please remove carbon page 1 should be detached by use as the burial-transit permit. Then please remove carbon page 1 the registrar prior to burial, cremation, ar remayal, and in any event within 72 haug after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

1 9274	CERTIFIC	AIE OF DEATH	Reg. Dis	st. No.
PLACE OF DEATH O. COUNTY MONYA COM E	EPU MARYLAND	2. USUAL RESIDENCE (Where decorated on STATE)	ceased lived. If institution: Resident	ce before admission)
b. CITY OR TOWN (If outside corporate RURAL and give aparest lows)	limits write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If goiside	corporate limits, write RURAL and g	give neglest town)
or INSTITUTION SUDJECT	it, give street address)	12109 Cas	cade Rd	e. 15 RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) DAUID	WILLIAM John	Lost 4. D. O. D. D. D. C.	ATE Month FEATH	5 1958
Male 6. COLOR OR RAI	WIDOWED DIVORCED	august 5 195	1 4 1 4 1 1	Days Hoyrs Min.
0a. USUAL OCCUPATION (Give kind of wo during most of working life, even if reti	rk done 105-KINDJOF BUSINESS OR IND	Maryla  Maryla	ign country) 12. CIT	IZEN OF WHAT COUNTRY
3. FATHER'S NAME	E Johns	14. MOTHER'S MAIDEN NAME METO di	th ANN E	Barton
5. WAS DECEASED EVER IN U. S. ARMED I	of services 10. SOCIAL SECURITY NO. 17.	Hather-Wil	Liam E	lus
PART I. DEATH (Enter only one PART I. DEATH WAS CAUSED & IMMEDIATE CAUSED DUE	E (o) atelectasis	, bilsteral		INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last</u> .	(b) felal un	oftal		
PART II. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH &	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART	1 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	THI	RED. (Enter nature of injury in Part 1 o	r Part 11 of item 18.)	
20c. TIME OF INJURY Month, Day, Haur a.m. p. m.	Year 20d. INJURY OCCURRED 20e.  While Not while at work at work	PLACE OF INJURY (Home, farm, 20f. factory, street, affice bldg., etc.)	(City or town) (C	Caunty) (State)
21. I certify that I attended to alive on 3.5.	3	7	from the causes and on the SS (Street, city ar tawn, state)	last saw the decease ne date stated above DATE SIGNE
PHYSICIAN'S NAME (Type)				
20. BURIAL, CREMATION, PEROVAL Specify)	REOF 22c. NAME OF CEMETERY	OR CREMATORY 226.	OCATION (City, town, or county)	(State)
3. FUMERAL DIRECTOR'S SIGNATURE	ADDRESS HT MILLED CO	24a. REC'D BY R DATE AUG	- 4	
	ADDRESS DALL HT WALLENGE		28-11-	

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	227	CERT	IFICA	IE OF DEATH	1		Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY  Montgomery		MAR	YLAND	2. USUAL RESIDENCE (WHO o. STATE Maryla:		b. COUNTY	on: Reside	once before	re odmis	isian)
b. CITY OR TOWN (If ourside corpo	orate limits, write	c. LENGTH OF STAT	IN 1b	c. CITY OR TOWN (If o		rate limits, write R	URAL ond	give ne	arest tow	m)
RURAL and give nearest town)  Olnev		0 3		26 Rockvi	110					/
d. NAME OF HOSPITAL (If not in he	ospital, give street	oddress)		d. STREET ADDRESS					ON	SIDENCE A FARM?
Montgomery Count	C. C.			Muncas		11 Road			YES [	] NO []
3. NAME OF DECEASED (Type or print)	First Charl	Middle es C		Johnson	4. DATE OF DEATH	Augu		Do	2y 13	Year 19 58
5. SEX 6. COLOR O		RIED NEVER MARR	IED B.	DATE OF BIRTH		9. AGE (In years		R 1 YEAR	IF UND	DER 24 HRS.
Male Nes	WIDOW	DIVORC	ED 🔲	11/4/85		last birthday)	Months	Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind	of work done 10b.	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLACE (State	ar fareign c	ountry)	12. C	ITIZEN C	OF WHA	T COUNTRY
during most of working life, even	if retired)									
13. FATHER'S NAME				Maryla:				USA	,	
	- 1									
Edward Churche 15. WAS DECEASED EVER IN U. S. ARA		SOCIAL SECTIONS AN	- 117 INI	<u>Elizabet</u>	<u>n</u>	Add				
[Yes, no. or unknown] (If yes, give war o	r dates of service)	SOCIAL SECURITY NO	J.  17. IN	TORMAN I						
				ospital Reco	rds	0	lney	, Md	•	
18. CAUSE OF DEATH [Enter on		ne far (a), (b), and (c)	.]						ERVAL B	ETWEEN D DEATH
PART I. DEATH WAS CAUS IMMEDIATE C	AUSE (o)	www	4						d	ely:
4462	DUE TO	A		0 4						- 1
Conditions, if any, which	(b)	epoler	ite	1 mile	isle	le l		19	1	-
gove rise to immediate ( couse (a), stating the under-	DUE TO	-	- 1							
lying couse lost.	(c) Ce	ulus	Del	word						
PART II. OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO DI	ATH BUT N	NOT RELATED TO THE TERMI	NAL DISEASI	CONDITION GIV	EN IN PA	RT 1(o) 1	19. WAS PERFO	ORMED?
PART II. OTHER SIGNIFICA  200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING  CAUSE OF IF EITHER, NOTIFY MEDICAL EXA	DEATH	CRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in F	ort I or Port	II of item 18.)			125 [_	110
20c. TIME OF INJURY Month, D Hour o. 51. p. m.	Day, Year 20d. II While at war	NJURY OCCURRED Not while	20e. PLAC	CE OF INJURY (Home, farm ory, street, office bldg., etc.	20f. (City	or town)		(Caunty)		(State)
21. I certify that I attend	ed the deceas	ed from	41	19.5% to 8	-/17	1 1958	that I	last s	ave the	docages
alive on 81 12/	12.4		t death	occurred at 1:00		the causes of	and on		te stat	ed abave
ACTUAL SIGNATURE	mo	il	М	o. Sam	ADDRESS (SI	reel, city or town,	stote)		Stig	ATE SIGNED
PHYSICIAN'S NAME (Type)	W. Bird.	M. D.		San	dy Spr	ing. Md.			1	
229 BURIAL CREMATION, 22b. DATE		22c. NAME OF CEN	SOF			ION (City, tawn,	or county)	Mon	(Sto	ind.
23. FUNERAL DIRECTOR'S SIGNATURE	1 .	ADDRESS	. 11	24a. REC'I	BY REGIST	RAR 24b. REGI	STRAR'S SI	GNATU	RE	
K.L. SNOW	den, 1	KOCKU	1116	Ma DATENTIC	2 0 '58	a an	Lun g	Hear	A	

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		Contract Contract		
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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#### **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY MOT	ntgomery		MARYLANI	- 11	o. SIATE Maryla	nce (wh	ere deceased live	d. If institution b. COUNTY MONTE		e before admissian)
b. CITY OR TOWN ( RURAL and give no	If outside corporate limi	ls, write	c. LENGTH OF STAY IN 1	ь	c. CITY OR TO	WN (If o	utside corporate l	limits, write RU	RAL ond gi	ve nearest town)
Bethesda			11 days	X	Bethes	sda				
d. NAME OF HOSPI	TAL (If not in hospital, g	ive street	oddress)	1	d. STREET ADI	DRESS				e. IS RESIDENCE ON A FARM?
	cal Center	Bet	hesda 14, Md		7305 1	Vorfo	lk Aven	ue. Apt	. 2	YES NO
3. NAME OF DECEASED	Fir	sf	Middle		Lost		4. DATE OF	Mont		Day Yeor
(Type or print)		mes	William		Jone	35	DEATH	Augu	ist	21, 1958
5. SEX	6. COLOR OR RACE	7. MARE	NEVER MARRIED	B. D	ATE OF BIRTH		9. A	GE (In years ist birthdoy)		YEAR IF UNDER 24 HRS.
Male	White	WIDOW	ED DIVORCED		January	8, 1	.935 2		Months 1	Pays Hours Min.
10o. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLAC	CE (Stote	or foreign country	1)	12. CITI2	ZEN OF WHAT COUNTRY
	tion Att't		Service Stati	on	7	Virgi	nia			U. S. A.
13. FATHER'S NAME		4:33		1	4. MOTHER'S N	ALIDEN N	IAME			
Richard H	loward Jones	5		3.4	1	Vancy	Elizab	eth Ode	en	
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	. INFO			lical Re			
No			77-44-8176	The			Center,			Maryland
18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne for (o), (b), and (c).]					3 13 13		INTERVAL BETWEEN
PART 1. DEA	TH WAS CAUSED BY:	Ca	ardiac arrest							ONSEI AND DEATH
416 X	DUE TO			10					-72	
Conditions, if o	ny, which ) (b	, Pu	lmonary hypertension						unknown	
gove rise to i	mmediate (							J	100	
lying cause lost.	) (c	Rh	neumatic hear	t di	isease					11 yrs.
PART II. OTI	HER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DEATH B	ON TU	T RELATED TO T	HE TERMI	NAL DISEASE CO	NDITION GIVE	N IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES X NO 1
G (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (E	inter nature of i	njury in P	ort I or Part II al	item 18.)		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	20d. II While of wor	Not while	PLACE factory	OF INJURY (Ho , street, office b	ome, farm, oldg., etc.	20f. (City or to	own)	(Co	ounty) (State)
	controlled the gust 21  Aulto f.  Charles P.	195	and that dec	oth ac	The	2:25 Cli tiona	BM, from the ADDRESS (Street, nical Collination)	e causes as city or town, s enter	of Hea	ost saw the decease date stated above DATE SIGNE 8-21-56
22a. BURIAL, CREMATIC REMOVAL (Specify)	N, 22b. DATE THEREC	F	22c. NAME OF CEMETERY	OR CE	REMATORY		22d. LOCATION			(State)
Burial	8/25/58		Manassas	Ce	metery		Manass	as, Vir	ginia	1
23. FUNERAL DIRECTOR		THE S	ADDRESS	11	2		BY REGISTRAR			
Robert A.	Pumphrey	Bet	chesda, Maryl	and	0	DATE A	UG 2 5 '58	10	Muller &	. Frank

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death: Page 4 moy be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After the sertificate has been signed by the ottending physician and it page 3 should be detached at use as the burial-transit permit. Then please remove carbon page the registrar prior to burial, cremation, or removal, and in any event within 7 mours ofter death.

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ATTENDING PHYSICIAN: The law

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requires that the death certificate be executed within 24 haurs after death. Page

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927	8 CERTIFICA	ATE OF DEATH	Reg.	Dist. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where on STATE	deceased lived. If institution, Res	Idence before admission)
MonTaomer	MARYLAND	D.	C . b. COUNTY	Mareta.
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town).		c. CITY OR TOWN' (If outsid	le corporote limits, write RURAL a	and give nearest town)
Bethesda		X washin	aTon 16.	
d. NAME OF HOSPITAL (If not in hospital, giv	e street oddress)	d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARM?
	ospiTal	15000 R	iver Road	YES NO
3. NAME OF First DECEASED	Middle		DATE Month	Day Year
(Type or print) Beatri	ce a.		DEATH Qua.	14 19.58
	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday) 5 % yrs.	DER 1 YEAR IF UNDER 24 HRS. hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	ne 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or fo	oreign country) 12.	CITIZEN OF WHAT COUNTRY?
Domestic		Maryla	nd.	America
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		11-11-11-10-0
James Calvin	(uada	Mary	and Side	neu
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no. or unknown)   (If yes, give wor or dates of serv		INFORMANT /	Address	10 0
Y C	1.0	Ir. William E. S	imith was	shine Ton 16.7
18. CAUSE OF DEATH [Enter only one cous				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Ensangunale	1-1		ONSET AND DEATH
581.0 DUE TO	of savorence	,		agen
Conditions, if ony, which )	Protived 6. Ala	en Ochreson		12 hours
gave rise to immediate	aller asophie	Carl Miller	<b>O</b>	1
couse (a), stoting the under- lying cause lost. (c)	Cerrhosis of	1 diner		Unprow
PART II. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY

CERTIFICATIO

Hour a.m.

p. m.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)

PERFORMED? NO [

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY

20d. INJURY OCCURRED Doy, Year While Not while

20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 20f. (City or town) (Stote)

MEDICAL

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alive an

21. I certify that I attended the deceased from

Othat I last saw the deceased

and that death accurred at 3:10 PM, from the causes and on the date stated above ADDRESS (Street, city or town, DATE SIGNED

(County)

ACTUAL SIGNATURE\_

PHYSICIANIS NAME (Type) 220. BURIAL, CREMATION,

22b. DATE THEREOF /18/58

22c. NAME OF CEMETERY OR CREMATORY Lincoln Park.

22d. LOCATION (City, town, or county) Rockville, Mi.

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

240. REC'D BY REGISTRAR DATE AUG 2 0 '58

246. REGISTRAR'S SIGNATURE arthur S. Thous

VS A1S (4) 1SM 9/5S

page 3 shauld be detach TO FUNERAL DIRECTOR:

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	ed by the attending physician and the letely filled in by the funeral director,		
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es that the death certificate be executed within 24 haurs after death. Page 4	+	mit. Then please remove carban popers. Pages I and 2 shauld be filed with	any event within 72 hours after death.
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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	8

09264

**CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MONT COMERY MARYLAND MONTGOMERY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) SILVER SPRING 2 months TAKOMA PARK d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTIONAL THEA GLENN NURSING HOME ON A FARMS 7418 BIRCH AVENUE YES NO P 3. NAME OF DECEASED First Middle 4. DATE Month Year HARRY CHARLES KIMBALI. AUGUST 1058 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 9. AGE (In years lost birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months MALE WHITE Dovs Hours 4/5/84 WIDOWED [ DIVORCED [ YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Clerk - Dept. of Defense U. S. Gov't. New Hampshire U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles A. Kimball Emma J. Colby 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address IYes, no. or Mrs. Mildred S. Kimball, 7418 Birch Ave. none INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) True DUE TO Conditions, if ony, which (6) gove rise to immediate **DUE TO** cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH/BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy. Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work p. m 21. I certify that I attended the deceased from

olive on ACTUAL

DEAN H. HARDING

22b. DATE THEREOF 220. BURIAL, CREMATION, 8/6/58

22c. NAME OF CEMETERY OR CREMATORY LINCOLN

and that deoth occurred at

22d. LOCATION (City, tawn, or county) PRINCE GEORGES COUNTY MD.

(State)

1922, that I last saw the deceased

FUNERAL DIRECTOR'S SIGNATURE a. Tumo

PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

**ADDRESS** SILVER SPRING, MD. 240. REC'D BY REGISTRAR DATE

24H REGISTRAR'S SIGNATURE

30 a.M., from the causes ond an the date stated above.

poge 0 VS A15 (4) 15M 10/57 Dr Brorebort, Montgony Country Corener, Matipes + will approve Deautheroeding

# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 pletely filled in by the funeral directorers. Pages I and 2 shauld be filed with gned by the ottending physician ardipermit. Then please remave carbon in any event within 72 haurs after de removol, and page 3 should be detach may be retained by the TO FUNERAL DIRECTOR:

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09265

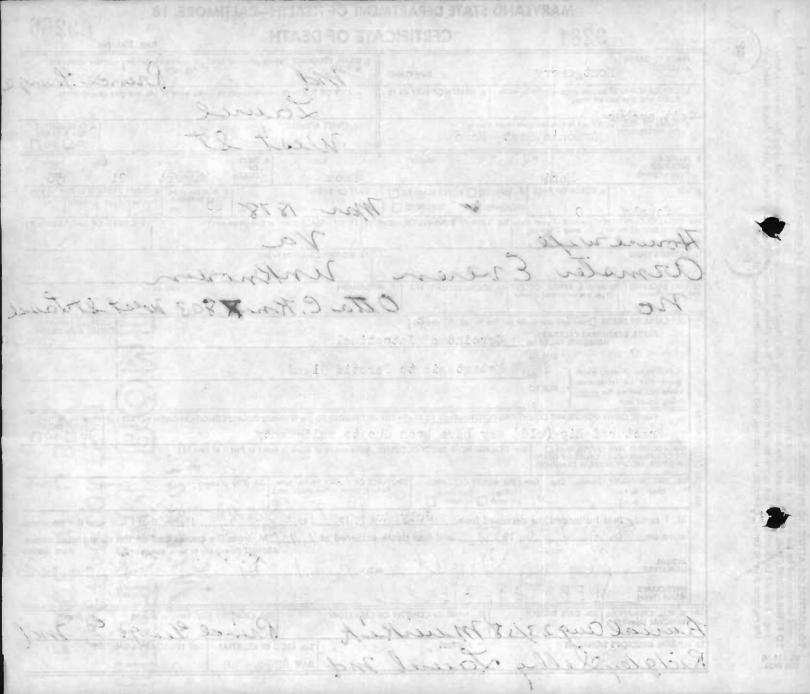
CERTIFICATE OF DEATH 9280

	0000		- CEICIII		TIE OF DEATH	•		Reg. Dist	. No.	-
1. PLACE OF DEATH o. COUNTY Mont	tgomery		MARY	LAND	2. USUAL RESIDENCE (WHO O. STATE Marylar		d lived. If institution b. COUNTY	70 0	e before admis	sion)
RURAL and give ne	f outside corporate limi earest town) Spring	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF o			URAL ond gi	ve nearest low	n)
d. NAME OF HOSPIT OR INSTITUTION	Renfrey Ro		oddress)		/ d. STREET ADDRESS 10012 Renfre	ew Roa	ıd			SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	GIZELLA	st	Middle		Lost KLEIN	4. DATE OF DEATH	Mon Augusi		Day	Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIE		April 3, 1890	0	9. AGE (In years last birthday) yrs.		YEAR IF UND Days Hours	
100. USUAL OCCUPATION during most of work Housewill	king life, even it refired	done 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (Stote Hungary	or foreign c	ountry)		S.A.	T COUNTRY?
13. FATHER'S NAME			See See S	347	14. MOTHER'S MAIDEN N	NAME			1-1-1	
Max Grun					Jeanette -					
S. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	. 17. IA	NFORMANT		Addr	ess		
No		,		Wi	lliam Klein	10012	Renfrew	Road,	Silve	r Sprin
ICATIO	mmediate the under CC (c)  HER SIGNIFICANT CON	DITIONS C	legesfect	Joday	NOT RELATED TO THE TERMIN	age		EN IN PART	1(o) 19. WAS PERFO	ORMED?
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WE OF INJUR Hour o. m. p. m.	19	While of wor	Not while	foc	tory, street, office bldg., etc.	.)		(66	ounty)	(Stote)
21. I certify the alive on	Leou L	deceas 1919 1all	-0-	4	occurred at 730 (	And from address (s	n the causes a	nd an the	e date stat	
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIO	LEON L	579	22c. NAME OF CEME	C CERV OF	W. L	1/ga	Hevell		Md	
REMOVAL (Specify) Burial	Aug. 22,	1958	Hungarian	Uni	on Cemetery	Brool		New	York	ie)
23. FUNERAL DIRECTOR		Sons	3501 14th (	St.,		AND 2	2 58 24b. REGIS	MACHON 1	S. Thou	A

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09266 9281 CERTIFICATE OF DEATH Rea. Dist. No. ¥. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY Montgomery be filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) shauld d. NAME OF HOSPITAP (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Ammon's Rest Home YES NO T 3. NAME OF First Middle Lost 4. DATE Day Year DECEASED (Type or print) DEATH Marie Knox August 2] 128 wilhin 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED Months Davs Hours Min. DIVORCED [7] WIDOWED D femalev yrs. 10o. USUAL OCCUPATION (Give kind of work done of the d 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma Intestinal IMMEDIATE CAUSE (o) **DUE TO** Metastasis to Parotid Gland Conditions, if any, which (b) gove rise to immediate **DUE TO** couse (o), stating the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? old) may have been due to malignancy YES NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour G. fl. Not while 19 of work at work July 21. I certify that I attended the deceased from Othat I last saw the deceased and that death occurred at 1/M./from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL should PHYSICIAN'S FUNERAL NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMEJERY OR CREMATORY 22d LOCATION (City, town, or gounty) (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55 DATE AUG

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



119267

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? 3511 Napier Street YES NO Yeor 1958 August 6. IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. 17. INFORMANT The Medical Record Address The Clinical Centar Bethesda 14, Maryland INTERVAL BETWEEN ONSET AND DEATH 8 mo. 8 mo YES NO (County) (Stote) August 6, 19 58, that I last saw the deceased and that death accurred at 12:08P M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED National Institutes of Health Bethesda-ll. Maryland 22d. LOCATION (City, town, or county) (Stote)

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24b\_REGISTRAR'S SIGNATURE

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#### 092689283 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN AL c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest tawn) P d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 4844 Chevy Chase Drive YES NO NAME OF Middle 4. DATE Month Day Year DECEASED OF (Type or print) DEATH 195 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED B. DATE IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Haurs WIDOWED [ DIVORCED C) yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) armeny 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address None INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT REVATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO TI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBELYOW INJURY OCCURRED. (Enter pature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Year (County) (State) factory, street, office bldg., etc.) Hour o. m. While. of work of wark p. m. 195 2, that I last saw the deceased 21. I certify that detended the deceased from , and that death occurred at 7.2.30 AM, fram the causes and an the date stated above. alive on ACTUAL PHYSICIAN'S NAME (Type) ന 22a. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) page Bur-Transit Farwell Cemetery Farwell, Nebraska 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 AUG 1 5 '58 arthur & Traces Robert A. Pumphrey Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	9187 CERTIFICA	ATE OF DEATH	Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE	ved. If institution: Residence before admission) b. COUNTY 47 X-5
	b. CITY OR TOWN (If Outside corporate limits) write c. LENGTH OF STAY IN 1b  RURAL and give nearest town)  Tako may are to 2 days	c. CITY OR TOWN (If outside corporate	a limits, write RURAL and give nearest town)
-	d. NAME OF HOSPITAL (If not in hospital, give street address), OR INSTITUTION Santarium + Hospital	d. STREET ADDRESS	St., S.E. e. IS RESIDENCE ON A FARM? YES   NO [X
	3. NAME OF DECEASED (Type or print) NETTE CLORISSO	LOST 4. DATE OF DEATH	August 17 1958
9	s sex 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Sure 21-1871 9.	AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS.  last birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired)	Ua.	12. CITIZEN OF WHAT COUNTRY
	Mann Martin	14. MOTHER'S MAIDEN NAME Sulca Nice	ahtingale.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) (If yes, give wor or dates of service)	HOSPITAL Rec	Address O
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Carea asterse  A	reart lucluse	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate DUE TO	oris, generaliz	ed
	lying couse lost. (c) A Ald	0	
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	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I or Part II	of item 18.)
	Zoc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work	LACE OF INJURY (Home, form, 20f. (City or octory, street, office bldg., etc.)	town) (County) (State)
	21. I certify that I attended the deceased from. Class 4. alive on Class 16. 1958, and that death		7 1938, that I last saw the decease he causes and an the date stated above
	SIGNATURE 9.7. 1 Silvadeau		t, city of town, state)  DATE SIGNED
	PHYSICIAN'S AFTHIS	Silver Sy	ering, Mel
-	220 DURIAL, CREMATION 22b, DATE THEREOF 22c, NAME OF CEMETERY C	OR CREMINATION 22d. LOCATO	N (Gity, town of county) (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS	249. REC'D BY REGISTRAL DATE AUG 1 9 51	

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

		928	L	CERTII	FICA	TE OF DEAT	H		Reg. Di	st. No		
1.	PLACE OF DEATH o. COUNTY Montgomes	ry		MARYL	AND	2. USUAL RESIDENCE (Vo. STATE Pennsylva		d lived. If institution b. COUNTY	an: Resider	nce befo	re admis	sion)
	b. CITY OR TOWN (I	outside corporate limit	s, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (I		prote limits, write R	URAL ond	give ne	prest fow	n)
	RURAL and give ne Bethesda	orest town)		22 days		Lewisberr	v	7	5x-	3		
ī		AL (If not in hospital, gi	ve street			d. STREET ADDRESS	A/				e. IS RE	SIDENCE A FARM?
	The Clin	ical Center	. Be	thesda 14.	Md.	Route 1						NO T
3.	NAME OF	Firs		Middle		Lost	4. DATE	Mon	th	Do	ly	Year
	(Type or print)	Char	les	Henry	r	Lecrone	OF DEATH	Augu	ıst	29		1958
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE		B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER			ER 24 HRS.
	Male		WIDOW			January 4.	1917	last birthday)	Manths	Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work d	one 10b.	KIND OF BUSINESS OF	NDUS	TRY 11. BIRTHPLACE (Sio	te ar foreign o	ountry)	12. CI	TIZEN C	F WHA	COUNTRY
	Sales Mar	ing life, even if retired)		Selling		Per	nsylva	nia		U.	S. /	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN						
	Anthony .	J. Lecrone				Hat	tie A.	Frev				
15.	WAS DECEASED EVER	R IN U. S. ARMED FORCE	ES7 16.	SOCIAL SECURITY NO.	17. IN	FORMANT The Me			ress			
]Ye	Yes	WW II	rvice) 2	05-10-2847		Clinical C				Man	w] aı	nd
				ne for (a), (b), and (c).			011001	20011000		LINT	ERVAL B	ETWEEN
		TH WAS CAUSED BY:	Bry	onchial Obs		tion				ON	LO ANI	DEATH
	197,2	IMMEDIATE CAUSE (o)										Jul 5
	Conditions, if or	au sublab )	Met	tastatic Sa	rcom	a of the Lur	ıg			1	+ mo	nths
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	lying cause last.	the under-	Rha	bdomyosarco	oma	of right Arm	n			1	15 m	onths
ATION		IER SIGNIFICANT COND	DITIONS	CONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(o)	PERF	AUTOPSY DRMED?
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OF	CURRED	. (Enter nature of injury i	n Part I or Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Y Manth, Day, Yea	While	NJURY OCCURRED  Not while  of work	20e. PLA foci	CE OF INJURY (Home, fo lary, street, office bldg., e	rm, 20f. (City	or town)	(	County)		(State)
	21. I certify the	at I attended the	deceas	ed fram Augu	ist	7 1958 ta	August	29, 1958	that I	last si	aw the	decenser
		gust 29	_, 195	0	death	accurred at 5:50	AM from	n the course o	and on t	he do	to stat	ed above
		. 10	(	2 1	acam	decorred di		treet, city or town,		ne du		ATE SIGNED
	ACTUAL SIGNATURE	Matha	~ 1	. lak(1)	h.	A.D. The Cli	nical	Center			8	/29/58
				000	^			itutes of	ReH 1	7 t.h		
	PHYSICIAN'S NAME (Type)	NATHAN S. T	AYLC	R, M. D.		Betheso		Maryland	1100	J. 0.1		
220		N, 226. DATE THEREOI	1//	22c. NAME OF CEME	TERY OR		22d. LOCA	TION (City, town,			(Sto	
	REMBUT SERVE	8/37/58	+	Mt Zion	Ceme	etery	Spri	ngittsbu	ry Pe	nnsy	lvai	hia
23.	FUNERAL DIRECTOR	SSIGNATURE /	>-	ADDRESS /	101	24a. RE	C'D BY REGIST	TRAR 24b. REGIS	STRAR'S SI	GNATU	RE	
	Robert 9	A Pumphrey	7557	Wisc Ave E	Beth	Md DATE	en 9 '5	0 0	-1 0	4		
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1	PLACE OF DEATH a. COUNTY Montgo	mery		MARYL	- 11	o. STATE	ryla		lived. If institution b. COUNTY		nce before		sion)
		outside corporate limits, w	vrite c. LENG	GTH OF STAY IN	V 16	c. CITY OR TOV	NN (If o	utside corpor	ote limits, write R		-		n)
	Bethesd			39 da	ys >	Kensi	ngto	n					
	OR INSTITUTION	(If not in hospital, give surban Hospat				LOTI S		ll Dr	170			ONA	FARM?
3	NAME OF	First	10.1	Middle		Lost	brine	4. DATE	Mon	th.	Do		Year
Ī	(Type or print)			Clark	Tot	ffingwel	7	OF DEATH	August		25.		1958
S		Warren S. COLOR OR RACE 7.	MAPPIED T	NEVER MARRIED		ATE OF BIRTH		1					ER 24 HRS.
			DOWED T	DIVORCED			ר עיו	4//	9, AGE (In years last birthday)  91 yrs.	Months	Days	Hours	Min.
10	Male  00. USUAL OCCUPATION	MILLAGO	90		_	Sept.		.866		12 C	TIZEN O	E WHAT	COUNTRY
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2.5	Retired 3. FATHER'S NAME				1,		mont			A	meri	Ça	
١,	J. PAIRIER S NAME					4. MOTHER'S MA	AIDEN N	IAME					
_	Dyar Leff						Jane	Saun					
	S. WAS DECEASED EVER I	N U. S. ARMED FORCES? yes, give wor or dates of service		SECURITY NO.	17. INFO	RMANT			Addi	ess 40	11 8	prue	ell Dr
	No		Nor	ne .	T	nomas Cu	ller	Leff:	ingwell			-	Md.
Ī	18. CAUSE OF DEATH	[Enter only one couse	per line for (a)	), (b), and (c).]							INTE	RVAL BE	TWEEN
	PART I. DEATH	WAS CAUSED BY:	712	0 101	1								DEATH
	1442X"	MMEDIATE CAUSE (o) DUE TO	-uc	em	5	0					-	000	2730
	Contractor		168	to a	2	phrose	On	"			11		
	Conditions, if ony gove rise to imm	nediote (D)	con	uncu	The	use to be	Con	our			us	rer	Mour
	couse (a), stating the				0								
-	lying couse lost.	) (c)											
CATION	PART II. OTHER	esstine	DORE TO STRIBE	The following	Peur No	T RELATED TO TH	IE TERMI	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(a) 1	P. WAS REREC	AUTOPSY ORMED?
CEDTIELCATION	20a. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	UNDERLYING 206 CAUSE OF DEATH EDICAL EXAMINER)	. DESCRIBE HO	OW INJURY OCC	CURRED. (E	inter noture of in	jury in F	Part I or Port	II of item 18.)				1
MEDICAL	20c. TIME OF INJURY		20d. INJURY O		Oe. PLACE	OF INJURY (Hor , street, office bl	ne, farm	20f. (City	or town)		(County)		(State)
MED	Hour o.m.		While No	work	Tocidiy	, sireer, office bi	og., etc.	1					
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	100	PS 61	ceasea troi				-	1	, 1 <u>9 9 1</u>	Ginai i	last so	w the	deceased
	alive on	2	19-19-0-	, and that a	death oc	curred at			the causes a		the dat		
	ACTUAL A	2	4			105	-//	ADDRESS (SI	reet, city or town,	stole)		0	ATE SIGNED
	ACTUAL SIGNATURE	way of	MARAI	1	M.D	103	//	74 X	mer	400		8/	25/1
	PHYSICIAN'S NAME (Type)	eorgesh	ldrpe			Ke	usi	ag-fu	n mod	£			
	20. BURIAL, CREMATION,	22b. DATE THEREOF 8/25/58		AME OF CEMET		REMATORY			nd, Mary			(Stol	(e)
2	3. FUNERAL DIRECTOR'S	SIGNATURE Pumphrey-Be		DORESS Md		B 45-00-18	la. REC'I	BY REGISTION OF STATE	RAR 24b. REGIS				
		7		,		D	ATE			Line Line	1 chall	A.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached use as the burial-transit permit. Then please remave carbon by the pages 1 and 2 should be filed with the registrar priar to burial, demotion, or removal, and in any event within 72 hours after death. VS A1S (4) 1SM 9/SS

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1. PLACE OF DEATH  O COUNTY  D. C		-BALTIMORE, 18	TMENT OF HEALTH	YLAND STATE DEP	MARY	T 4		
a. COUNTY  b. CITY OR TOWN (If outside corporate limits write and the corporate limits, write and the limits and the limits and the corporate limits, write and the limits and	it. No. 09272	Reg. Dist. I	CATE OF DEATH	CERT	o & y, r	9226		>
RURAL and give, reported from)  d. NAME OF BOSPITAL (If not in happing give street address)  d. STREET ADDRESS  OR INSTITUTION  BY ANALO OF DECEASED  IT PART I. DEATH WAS CAUSED BY I. SOCIAL SECURITY NO.  18. CAUSE OF DEATH [Enter only one couse per line for (c), (b), and (c).  PART I. DEATH WAS CAUSED BY I. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	te before admission)	deceased lived. If institution: Residence b b. COUNTY		Gongey.	S. Cuit	PLACE OF DEATH a. COUNTY	1, 1	>
d. NAME OF HOSPITAL (If not in hospital give street address)    STREET ADDRESS	jive nearest town)	1 . 1 =1			(If outside corporate li	b. CITY OR TOWN RURAL and give,	1	1
DECEASE  (Type or print)  5. SEX  6. COLOR OR RACE  7. MARNED NEVER MARNED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (State or foreign country)  113. FATHER'S NAMB  114. MOTHER'S MAIDEN NAME  115. WAS DICCASED EVER IN U. S. ARMED FORCES  116. SOCIAL SECURITY NO. 17. INFORMANT  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate cative (o), Justing the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  ETHER NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTION CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTION CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTION CAUSE OF DEATH  OR CONTRIBUTI	e. IS RESIDENCE ON A FARM? YES NO	mard Drute		give street address)		d. NAME OF HOSPI OR INSTITUTION		200
100. USUAL OCCUPATION (Give kind of work done during mount)   100. USUAL OCCUPATION (Give kind of work done during mount)   100. USUAL OCCUPATION (Give kind of work done during mount)   100. USUAL OCCUPATION (Give kind of work done during mount)   100. USUAL OCCUPATION (Give kind of work done during)   100. USUAL OCCUPATION (Give kind of work done during)   100. USUAL OCCUPATION (Give kind of work done)   100. USUAL OCCUPATION (Give kind of work done)   100. USUAL OCCUPATION (Give kind of work)   10	Day Year	OF /	LIVINGESTON	A 1.1		DECEASED		
13. FATHER'S NAME  13. FATHER'S NAME  13. WAS DECRASED EVER IN U. S'ARMED FORCES (16. SOCIAL SECURITY NO. 17. INFORMANT, Address (17. INFORMANT)  15. WAS DECRASED EVER IN U. S'ARMED FORCES (16. SOCIAL SECURITY NO. 17. INFORMANT, Address (17. INFORMANT)  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate cause is to immediate cause (o), slating the under lying cause lost. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING (20. INJURY OCCURRED HOW INJURY OCCURRED HOW a.m., 20. Injury (Home, farm, 20. (City or town) factory, street, office bidg., etc.) (c)  21. I certify that I attended the deceased fram (20. Injury of the death accurred at ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE (20. ACTUAL SIGNATURE)  ACTUAL SIGNATURE (20	Days Hours Min.	lgst birthday) Months Day	B. DATE OF BIRTH 18	_	6. COLOR OR RAC	male	5. 9	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT  IVEN. FO., or unknown)  IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gave rise to immediate coatse (o), sluding the under-lying cause lost.  (c)  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work at work at work of an wor	U.S. A.		NDUSTRY 11. BIRTHPLACE (State	ork done 10b. KIND OF BUSINESS (Lotking)	orking life, even if retire	during most of wo		
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]   PART I. DEATH WAS CAUSED BY:		(E /	Sarah	ringston	us Live	Low		1
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED while of work of a wor	lane_	cingston - Sa	MIN Sadie 2					
DUE TO  Conditions, if any, which gave rise to immediate codes (a), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work of work of work of work of work.  21. I certify that I attended the deceased fram 19 at work of work of work of work of work of work.  21. I certify that I attended the deceased fram 19 at work of	INTERVAL BETWEEN ONSET AND DEATH	401.	al Intara	BY: Maria	ATH WAS CAUSED BY			
DUE TO    lying cause lost.   Cc    Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR    20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   OR CONTRIBUTING   CAUSE OF DEATH   COR CONTRIBUTING   CAUSE OF DEATH   CAUSE OF DEATH   OF CONTRIBUTING   CAUSE OF DEATH   OR CONTRIBUTION   OR	7413	irt Disonse	Perotic He	(b) Alterios	DUE 1	Conditions, if		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work 21. I certify that I attended the deceased fram. 19 , 19 , and that death accurred at ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE CLUMBED Day, Year 20d. INJURY OCCURRED While at work 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)  (Compared to the course of the				(c)	the <u>under-</u> DUE 1	lying cause lost.		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at work at wor	19. WAS AUTOPSY PERFORMED? YES NO						CATION	0
21. I certify that I attended the deceased fram. 1951, 19—, ta Plesent, 1958, that I alive an 1958, and that death accurred at 8 P.M. fram the causes and an the ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE CLUBERT DESCRIPTION AND 2678 CRIPTION AND AND AND AND AND AND AND AND AND AN		I or Part II of item 18.)	URRED. (Enter noture of injury in F	20b. DESCRIBE HOW INJURY	/AS UNDERLYING  G CAUSE OF DEAT Y MEDICAL EXAMINER	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF		
alive an Cluz. 2, 1958, and that death accurred at 8 P.M. from the causes and an the ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE CLUSTED STATEMENT M.D. 7678 CRIM. AND M.D.	County) (State)	20f. (City or town) (Coun	e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.	While Not while		Hour a.m.	MEDICAL	
ACTUAL SIGNATURE CRIMINAL STATEMENT M.D. 7678 CRIMI, AND W.	ast saw the decease		100	200	that I attended th	(		
12 7	DATE SIGNE	PRESS (Street, city or town, stote)		3. Gorden	Exerced On			
PHYSICIAN'S AB. GORDON NAME (Type) AB. GORDON			-	ON	B. GORDO	PHYSICIAN'S NAME (Type)		
220. BURIAL, CREMATION, REMOVAL (Specify) 8/5/58 REMOVAL (Specify) 8/5/58 REMOVAL (Specify) 22d. LOCATION (City, town, or county)	(State)	1. LOCATION (City, town, or county)	RY OFTERMATORY	SE SULLU	ON, 22b. DATE THER	REMOVAL (Specify	220	
all the state of t	/	2000	441 /2	he 1124-26 W.	R'S SIGNATURE	PUNERAL DIRECTOR	23.	X

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	X	X	X

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

09273 Reg. Dist No.

	9287		CERTIFI	CATE	E OF D	EATH			Reg. D	ist. No.	. 215	5
1. PLACE OF DEATH o. COUNTY	Montgomer	y	MARYLAI		CTATE	orth Ca		ed lived. If institu na. b. COUNT		ence befo	re admis	ssion)
	If outside corporate limi		c. LENGTH OF STAY IN	1b				prote limits, write	RURAL ond	give nec	orest tow	n) V
Bethesda			60 days		Ch	apel H	1111		70	×	3	
d. NAME OF HOSPIT	AL (If not in hospital, g	give street			d. STREET A	DDRESS						SIDENCE
U.S. Naval	Hospital.	NNMC	, Bethesda,	Md -	Po	st Off	fice	Box 897				A FARM?
3. NAME OF DECEASED (Type or print)	Fii Dona	rst	Middle Wood		OOMIS		4. DATE OF DEATH	Mo	onth st	Do	,	Yeor 1958
5. SEX	6. COLOR OR RACE	7. MARR	IED MEVER MARRIED	8. DA	ATE OF BIRTH	4		9. AGE (In years			IF UND	ER 24 HRS.
Male	White	WIDOW	DIVORCED	1 1	5 July	1895		lost birthdoy)		Days	Hours	Min.
100. USUAL OCCUPATION during most of wor Mariner	king life, even if refired	)	S. Navy (Re	NDUSTRY etire		ACE (Stote of			12. C		S.	T COUNTRY?
13. FATHER'S NAME			20 2.000		. MOTHER'S							
Fred Woo	d LOOMIS				Jane	GOSS						
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFOR		4000		Ad	dress			
	W-I and WW-			Wife	) Mrs.	Esthe	or V	LOOMIS	(Same	as	#2)	
	TH [Enter only one co				/ 14 56	20014	74 10	200120	15can		ERVAL 8	FTWFFN
	TH WAS CAUSED BY:	15	1 .0	1X	0011	0	_ ,			ONS	ANE ANE	DEATH
163X	IMMEDIATE CAUSE (o		conero	UZ	un	100	~			-	2 1/2	any
Conditions, if o		70	a Lucylan	tie			0				10	٧
gove rise to i	mmediate (	) 100	erason	-		n		and .			130	nos.
lying couse lost.	the under-	. (	( une	Jus	-n- N	flore				1	800	
_	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERMIN	AL DISEAS	E CONDITION G	VEN IN PA	RT 1(c) 1	9. WAS	AUTOPSY
PART II. OTI						(			2.4	1,0,	PEREC	DRMED?
	AS_UNDERLYING []	20b. DESC	RIBE HOW INJURY OCC	URRED. (En	nter nature of	f injury in Po	ert I or Po	rt II of item 18.)			[	, 110
OR CONTRIBUTING	CAUSE OF DEATH											
3 20c. TIME OF INJUR	Y Month, Day, Ye	or 20d. IN	JURY OCCURRED 20	e. PLACE C	OF INJURY (H	Home, form,	20f. (Cir	y or town)		(County)		(State)
20c. TIME OF INJUR	19	While of world	Not while	factory,	street, affice	bldg., etc.)				,,,		(,
			F T	5	10 58	to 4	A11 (7)1	et 5	8			
alive on 4 A	at I attended the		A .		-,	, 10	nagu	st , 19 5	,that I	last so	w the	deceased
alive on 4	uguso	, 194,	38 , and that de	eath occ	orred at					the da		
ACTUAL	26	X	2		II C			treet, city or town		la )		8-4-58
SIGNATURE	o Den	A		M.D.	0.5.	Maval	nost	ital, Be	thesc	ia, r	IQ.	
PHYSICIAN'S NAME (Type)	r. s. dunn,	JR	LT MC USN		U.S.	Naval	Hosp	ital, Be	these	la, N	ld.	
220. BURIAL, CREMATIO REMOVAL (Specify)			22c. NAME OF CEMETER Arlington			2	22d. LOCA	TION (City, town, Arlingto			(Sto	te)
23. FUNERAL DIVECTOR		0	ADDOCC			24a. REC'D	BY REGIS		ISTRAR'S S	60		
Robert A.	Pumphrey	plu	7557 Wiscons	esda,		DATEALIG		16300	Lear	1	7. 3	
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2	9188 CERTIFICA	ATE OF DEATH	Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY Montgomery Maryland	2. USUAL RESIDENCE (Where deceased lived o. STATE	d. If institution: Residence before admission) b. COUNTY  Nontanel
M	b. CITY OR TOWN (If outside corporole limits, write RURAL and give nearest town) Takoma Aark 12 days	c. CITY OR TOWN (If outside corporate li SILVER SPEI	imits, write RURAL and give nearest town)
75	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington SanitaRium + Hospital	d. STREET ADDRESS 105 E. FRank L	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Ovide ARTHUR	LUSSIER 4. DATE OF DEATH	August 11 195
	Male White WIDOWED   DIVORCED	12-9-00	GE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS. of birthday)  Months Doys Hours Min.
1	100. USUAL OCCUPATION (Give kind of work done of the lotter of the lotter)  Outring most of working life, even if retired)  Outring most of working life, even if retired)  Nat*1. Institute  13. FAMBER'S NAME  Health		d 12. CITIZEN OF WHAT COUNTRY
	Joseph E. Lussier		nadeau
	(Yes. no. or unknown) (Iff yes. give wor or dates of service) 577-10-9006		ecords
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Acute peritoniti  DUE TO	S	INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  (b) Massive retro pe DUE TO  (c) Diverticulities recognitions	ritoneal abscess righ	t side
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		NDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
H	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II of	item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40 Fac. PU While Not while 50 work 50 to	ACE OF INJURY (Home, form, 20f. (City or to ctary, street, affice bldg., etc.)	wn) (County) (Staie)
1	ACTUAL SIGNATURE SOME A PITZGERALD	17 10	causes and on the date stated abave the form of the stated abave the part signer of the stated abave the sta
0	NAME (Type)   22c. NAME OF CEMETERY OF BURIAL (Specify)   8/14/58   22c. NAME OF CEMETERY OF UNION CEMETERS OF CEMETERS OF STREET OF S		(City, town, or county) (State) VILLE, MONTGOMERY CO.,
By.	23. FUMERAL DIRECTOR'S SIGNATURE ADDRESS SILVER SPRING	G, MD. 240. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE

DAMUG 1 4 '58

Orthun & Hereis

may be retained by the haspit
TO FUNERAL DIRECTOR: After page 3 should be detached the registrar priar ta burial, A. TO HOSPITAL OR VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 haurs after death. Page 4,

i ar ottending physician. is certificate has been signed by the attending physician and is certificate has been signed by the attended and see as the burial-transit permit. Then please remave carbon is a see as the burial-transit permit.

lely filled in by the funeral director, Pages 1 and 2 should be filed with

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에 가는 것이 있는 것이 되면 하는 것이 없는데 하는데 되었다. 하는데 보다는데 보다 다른데 다른데 하는데 되었다. 그 사람이 되었다면 하는데 되었다면 되었다면 하는데 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면
[1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2

#### FOR STATE HEALTH-DEPT.

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ith. If any delay is necessary, please and 3 to the funeral director. Page may be retained for your files, with the State Board of Health, thours after death. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death, execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 10 FUNERAL DIRECTOR: 3 should be used as a burial-transit permit. File pages 1 and at its designated agent, prior to burial, cremation, ar removal, and in any eventy within 72 that

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9288

1	3400	Reg. Dist. No.
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY MARYLAND	o. STATE b. COUNTY Mante
	D. CITY OR TOWN (If outside provide limits, will RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give gearest town)
	and give neg(est lown)	56 A. O.R. Ob.
	d. NAME OF HOSPITAL OR (NSTITUTION) (If not in hospital, give street didress)	d. STREET ADDRESS IS RESIDENCE
	9000 Flower Cert	9000 Floren Cur YES NOTE
3.	NAME OF DECEASED First Middle	Lost 4. DATE Month Doy Yeor
-	(Type or print) William Uscar 1)	Parks DEATH aug 25 1958
5.		DATE OF BIRTH  9. AGE (In years)  IF UNDER TYEAR IF UNDER 24 HkS.  Months Doys Hours Min.
	male white WIDOWED DIVORCED	12-26-1899 5-8 yrs.
100	I. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (Slote or fareign country) 12. CITIZEN OF WHAT COUNTRY
	energia U.S. Gor.	St.C. USG
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Assmel Marks	Unknown
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address
1	No none 2	edent I. Deller - Item -
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1	976X DUE TO	of the 110 of + (1 ) Indden
	Control of the second of the s	o The 1.11 of + (to +) raden
	gove rise to immediate couse	y rouse supr cruss (rung)
	(o), stating the underlying DUE TO	
Z		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
CERTIFICATION		PERFORMED? YES \ NO \ \ NO \ \ \ \ \ \ \ \ \ \ \ \ \ \
THE	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (E	inter noture of injury in Part I or Part II of item 18.)
23	206. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.	fullet would Three Chest
3	20c. TIME OF INJURY Month, Day, Year 20c. INJURY OCCURRED 20c. PLAT	CE OF INJURY (Hame, farm, 1 20f. (City or town) (County) (State)
MEDICAL	101 0 10 0 10 0 10 0 0	ory street, office bldg., etc.)
1	21. I certify that I took charge af the remains described abo	ve, held an Autapsy , Inspection (2) Inquiry (3) and in my
	opinion death resulted fram: Natural causes [], Accident [	, Suicide, Undetermined manner
	ACTUAL DI O BILL &	CHIEF MEDICAL EVANINES TO DATE SIGNED
	SIGNATURE John & J. / Machail	_ M.D. CHIEF MEDICAL EXAMINER _
	EXAMINER'S NAME (Type) FLANK J. Brosenzat	DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER B
220	D. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	Burial Aug. 27,1958 Fort Lincoln	Cemetery Prince George's Co. Md.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
l	Variety 6. Tumprocey Silver Spring	, Md. DATE AUG 2 7 '58 Ciring S. Kraus

No the service of the . No. 1 To the contract of the THE RESERVE OF THE PROPERTY OF

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#### **CERTIFICATE OF DEATH**

	01300					Keg. Dist	. No.
1. PLACE OF DEATH  o. COUNTY  MO	ntgomery		MARYLAND	2. USUAL RESIDENCE (Who o. STATE West	ere deceased lived. Virginia		before admission)
b. CITY OR TOWN (I RURAL ond give no Bethesda	outside corporate limits, earest town)		days	c. CITY OR TOWN (IF o		ils, write RURAL ond gi	ve negrest town)
OR INSTITUTION	AL (It not in hospitol, givical Center		14, Md.	d. STREET ADDRESS 348 L	incoln St	reet	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Beni.	gno (:	Middle none)	lost Martinez	4. DATE OF DEATH	Month August	25, Yeor 58
5. SEX	6. COLOR OR RACE	MARRIED MEVE	R MARRIED	B. DATE OF BIRTH February 15,1	898 9. AGE	birthdoy) Months [	YEAR IF UNDER 24 HRS
Male	1111			TRY 11. BIRTHPLACE (Stole			EN OF WHAT COUNT
during most of wor	king life, even if retired)	Truc		Spain	or roleign country;		U.S.A.
Truck Dr	TAGI	1140	LLIIE	14. MOTHER'S MAIDEN N	IAME		
Francisc	o Martinez			Marie A	lverrez		
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE	S? 16. SOCIAL SECU	RITY NO. 17. II	NFORMANT The Med	lical Rec	ord Address	
Yes	WW II	234-01-	1547 T	he Clinical C	enter, B	ethesda 14,	Maryland
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate the under- DUE TO (c)_			as Leukemia	NAI DISFASE CONI	NITION GIVEN IN PART	l Year
PART II. OTI				D. (Enter nature of injury in P			PERFORMED? YES NO
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20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year	20d. INJURY OCCUR While Not while of work of work	le foc	ACE OF INJURY (Home, form, street, office bldg., etc.	20f. (City or tow	n) (Co	ounty) (State
actual signature Physician's	at I attended the agust 25,	19 58 , an	July 7, d that death	Nation	Am, from the ADDRESS (Street, citinical Chal Insti	causes and on the y or lown, state) enter tutes of He	e date stated abo DATE SIGN 8/26/58
NAME (Type)	/	STER, M.D.			sda 14, M		
220. BURIAL, CREMATIC REMOVAL (Specify) Bur-Transit	8/29/58	Holy	Cross	R CREMATORY		, W. Virgin	nia (Stote)
23. FUNERAL DIRECTOR	s signature Pumphrey-Bet	ADDRES hesda, Mary		240. RECCO	UG 2 7 58	24b. REGISTRAR'S SIGN	Praud.

letely filled in by the funeral director, s. Pages I and 2 shauld be thed with TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After his certificate has been signed by the attending physician and expage 3 should be detached use as the burial-transit permit. Then please remave carban pot the registrar prior to burial, Crematian, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

e. IS RESIDENCE

20

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSEL AND DEATH

4 yrs.

PERFORMED?

YES NO

(County)

& duodenum

(Stote)

DATE SIGNED

8-20-58

(State)

U. S. A.

ON A FARM?

YES NO TO

Yeor

1958

Rea. Dist. No. director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND Montgomery West Virginia the funeral shauld be fil CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda 172 days Worthington. d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS OR INSTITUTION P.O. Box 305 The Clinical Center, Bethesda L. Md NAME OF 4. DATE Last Month filled DECEASED Nelle (Type or print) Madaline DEATH Mason August 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS ely Months June 18, 1910 DIVORCED T Female White WIDOWED [ VES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Interior decorating inspector - Factory West Virginia and 13. FATHER'S NAME offer 14. MOTHER'S MAIDEN NAME physician Charles Mason Eliza Matthews IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address No attending Uhascertainable The Clinical Center, Bethesda 14. please 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY Hemorrhagic broncho-pneumonia IMMEDIATE CAUSE (a) DUE TO þ Carcinoma of the breast with widespread Conditions, if ony, which gave rise to immediate metastases to bone and liver DUE TO cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Chronic incomplete intestinal obstruction with ulceration of offending 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate stomach 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) o. m. Not while at work at work D. m. March 1, 19 58, to August 20, 19 58, that I last saw the deceased 21. I certify that I attended the deceased from detoche and that death occurred at 1:55A M, from the causes and an the date stated above. alive an FUNERAL DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL SIGNATURE The Clinical Center National Institutes of Health PHYSICIAN'S Richard H. Moy, M. D. Bethesda 14. Maryland NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION.

pode 0 VS A15 (4) 15M 10/57

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

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the

HOSPITAL

Robert A. Pumphrey-Bethesda, Maryland

22c. NAME OF CEMETERY OR CREMATORY

Masonic Cemetery

24g REC'D BY REGISTRAR DATE AUG 2 2 '58 24b. REGISTRAR'S SIGNATURE arthur S. Thous

22d. LOCATION (City, town, or county)

Shinnston, West Virginia

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Total Street

death. If any delay is necessary, please 2, and 3 to the funeral director. Page 7 may be retained for your files. 3 with the State Board of Health 72 hours after death. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after decexecute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, 4 should be forwarded to be Chief Medical Examiner's Office along with form PM3. Prof. TO FUNERAL DIRECTOR:

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9291 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Box Dist No.

	0 10 -						reg. Dist	. 140.	
1. PLACE OF DEATH o. COUNTY	Montgomer	У	MARYLAND	2. USUAL RESIDENCE (V	y Land	ed lived. If institu b. COUNT			ssion)
b. CITY OR TOWN (III and give negres) town	l'autside corporate limits, writ	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corp	orate limits, write	RURAL and g	ive nearest lov	vn)
77	ascus		3 years	X Damasci	ng.				
d. NAME OF HOSPIT	AL OR INSTITUTION (	If not in he	ospital, give street address)	d. STREET ADDRESS	Ot har				SIDENCE
25605	Ridge Rd			25605	Ridg	e Rd.			A FARM?
3. NAME OF DECEASED (Type or print)	Fir		Middle	Lost	4. DATE OF DEATH	Month			eor
	Irving	-	rice Matney		DEATH	Aug.	30		958
s. sex male	6. COLOR OR RACE	WIDOW	Last.	5/28/1908		9. AGE (In years lest birthday) 50 yrs.	Months Do		Min.
100. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDUS		or foreign co	ountry)	12. CITIZE	N OF WHAT	COUNTRY
during most of working	orer		N.I.H.	Va.			U	SA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	NAME				
Floy	d S. Matn	еу		Evelyn Ya	ates				
15. WAS DECEASED EV			S. SOCIAL SECURITY NO. 17.	NFORMANT		Address			
Yes, no, or unknown) Yes	W. W. #		228-03-0668	Mrs. Pear	1 Mat	ney I	tem 2		
	TH [Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		o for (o), (b), ond (c). Coronary Oc	clusion				INTERVAL BETWEE	îH.
4.0.1	DUE TO								
Conditions, if o									
gove rise to imme	DUE TO								
cause lost.	(c)								
PART II. OTH		-	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMI	INAL DISEASI	CONDITION GIV	EN IN PART I	(o) 19. WAS A PERFOI	NO A
20g. EXTERNAL CAI PRIMARY OF COI CAUSE OF DEATH.	USE WAS NTRIBUTING []	b. DESCRI	BE HOW INJURY OCCURRED.	Enter noture of injury in Por	t I or Port II	of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yes	Whi	1 1-1	ICE OF INJURY (Home, farm lory, street, office bldg., etc.	20f. (City	or town)	(Count	γ)	(Stote)
			remoins described obo			spection [],	Inquity		d in my
apinion aeoin	resulted from:	Naturol	causes , Accident	, Suicide, I	Homicide	, Undefe	rmined mo	inner 🔲	
ACTUAL SIGNATURE	French Q.	B	ronhart	M.D. CHIEF MEDICAL EX	AMINER [			DATE S	GNED
EXAMINER'S NAME (Type)	Frank	. Br	oschart	ASSISTANT MEDICAL	de	2/	30/58		
270. BURIAL, CREMATIC REMOVAL (Specify) Burial	Sept. 3	) F 1958	22c. NAME OF CEMETERY OR Mt. Oliv		_	Ton (City, town,		(Stote	)
23. FUNERAL DIRECTOR			/ ADDRESS		D BY REGISTI		STRAR'S SIGN		
(Ulin	J. Wolu	swin	th Damascus	B, Md. DATE SI	EP 4 '5	is a	Thun S. 9	Trave	

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#### MARYLAND STATE DEPARTMENT OF HEALTH-RALTIMORE, 18

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1. PLACE OF DEATH	gomery		MARYLAND	2. USUAL RESID		here deceased	l lived. If instituti b. COUNTY		nce before		ion)
b. CITY OR TOWN RURAL and give	(If outside corporate lin	nits, write	c. LENGTH OF STAY IN 16	c. CITY OF T	OWN (If	outside carpo	rote limits, write R	URAL and	give ne	arest town	1)
Olney	nearest town)			Elli	cott	City		13)	X -	2	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital,	_		d. STREET A		Dood					FARM?
	y County Ge					Road				IES [	NO 🗆
3. NAME OF DECEASED (Type or print)	WILLIAM	SYK	Middle MAY	Lost		4. DATE OF DEATH	Aug. 2		58	•	Year 19
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH			9. AGE (In years lost birthdoy)	IF UNDER			
Male	White	WIDOW	ED DIVORCED	6-30-18	70		88yrs.	Manths	Days	Hours	Min.
100. USUAL OCCUPAT	orking life, even if retire	done 10b.	KIND OF BUSINESS OR INDU			or foreign co		12. CI	TIZEN C	OF WHAT	COUNTRY
13. FATHER'S NAME	IOLVOI			14. MOTHER'S							
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ISARC 15 WAS DECEASED EN	H. May	RCFS2 16	SOCIAL SECURITY NO. 17.	Sara)	1 1	Clizabe	th Hevn				
(Yes, no, or unknown)	(If yes, give war or dates of				J T	77.7 A	(1)				
No	1			[ra Delaw	ler,	TITICOL	t ity, M	a			
	ATH [Enter only one of ATH WAS CAUSED BY:		ne for (a), (b), and (c).]						ON:	ERVAL BE	DEATH
200	IMMEDIATE CAUSE	(0)	Cerebral emb	oolism						5day:	3
333L	DUE T	0							-		
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gove rise ta cause (o), stotin		0							-		
lying cause last		(c)	<u> </u>								
PART II. O	THER SIGNIFICANT CO	NDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERM	NINAL DISEASE	CONDITION GIV	EN IN PAR	RT 1(o) 1	PERFO	AUTOPSY
3 Aretrio	sclerotic h	eart	disease 6 chro	onic myoca	ardia	al fail	ure				NOT
O (IF EITHER, NOTIF	VAS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER	1	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of	injury in	Part I or Part	II of item 18.)				
20c. TIME OF INJU	10	ear 20d. I While of wor	Not while fo	LACE OF INJURY (Foctory, street, office	lome, farr bldg., et	m.   20f. (City	or town)	(	County)		(State)
21 I sertify	that I attended the	e decens	ed from And	3.16, 19.58	ta	A110. 2	7 10 58	that I	lact e	au tho	docoaso
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dilve dila	0.				1900		reet, city or town,		ne da		ATE SIGNE
ACTUAL	Marles 5	250	twoater, A.	D				215			
SIGNATURE	700,000 /			M:D. €		LULATKE	ville, Md			8-22-	-28
PHYSICIAN'S NAME (Type) C	harles S.Wh	itake	r M.D.	Cla	rkavi	lle,Md					
	ON, 226. DATE THERE		22c. NAME OF CEMETERY C	OR CREMATORY		22d. LOCAT	ION (City, town,	or county)		(State	0}
Burial	8-23-	58	St. Johns			El	licott C	ity, N	(d		
23. FUNERAL DIRECTO		11	ADDRESS		24a. REG	OBY REGIST	RAR 246. REGI	TRAR'S SI	GNATU		
TO 0 114-4	hothem Ell	i ant+	C4+++ 164		DATE	40625	20 C	rthug 4	8. Th	au4	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.: Page 4 etely filled in by the funeral director, s. Pages 1 and 2 shauld be filed with this certificate has been signed by the attending physician and Then please remove carbon the registrar priar to burial, cremation, or removal, and in any event within 72 hours other use as the burial-transit permit. TO FUNERAL DIRECTOR: AN page 3 shauld be detache VS A15 (4) 15M 9/55

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CERTIFICATE OF DEATH

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VS A15 (4)

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside comporate limits, write c. CITY OPLOWN (If outside corporate limits, write RURAL and give neglest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 738111 YES NO NAME OF First Middle 4. DATE Year DECEASED (Type or print) 195 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthday) Months Days Hours WIDOWED | DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? thortandi 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO catse (o), stoting the underlying couse lost. PART II. OTHER SIBNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCURE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or lown) (County) (Stote) factory, street, office bldg., etc.) o. m. While of work of work 21. I certify that I attended the deceased from JULC That I lost saw the deceased and that death occurred ot M, from the couses and on the date stated obove. ADDRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BURNOYAL (Specify) FI. LINCOLN CEMETERY GEO. COUNTY. MD. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR SILVER SPRING, MD.

STATE CERTIFICATE OF DEATH	
A CONTRACTOR OF THE PROPERTY O	
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	9295	LAND	CERTIFI	CATE OF			IMORE,	Reg. Dist		9282
1. PLACE OF DEATH o. COUNTY Mon	tgomery		MARYLAN	2. USUAL RES	Maryla	nd	lived. If institut b. COUNTY	ion: Residence Prince	before odm	ission)
b. CITY OR TOWN (I RURAL and give no Norbeck	If outside corporate lime earest town)	its, write	c. LENGTH OF STAY IN		town (If our nt Vil		ote limits, write I	RURAL ond giv	re nearest to	wn)
d. NAME OF HOSPIT OR INSTITUTION St Philom	AL (If not in hospitol, grena Rest I	ive street Iome	oddress)	d. STREET		th Av	enue,.		ON	A FARM?
3. NAME OF DECEASED (Type or print)	MARGARE'		Middle ELLEN	Mc NAMA	RA	4. DATE OF DEATH	Aug		30,	Year 19 58-
5. SEX female	white	WIDOWI	_	Jan 25	, 1871		AGE (In years birthdoy) yrs.		YEAR IF UN	DER 24 HRS.
during most of worl	ON (Give kind of work king life, even if retired Sewife	)	kind of Business or in	Pitt	sburg	r foreign co Penns	ylvania	U S	EN OF WHA	AT COUNTRY?
13. FATHER'S NAME	atrick Mc	Lind	len		s maiden na aret E		E 12			
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	SOCIAL SECURITY NO.	7. INFORMANT Thomas E	Mc Na	mara	Kent V	ress illage	Mar	yland.
PART I. DEA  #-2 I  Conditions, if a gove rise to i couse (o), stoling lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ny, which mmediate the under: (c)		e for (o), (b), ond (c).] Encuen Ougla L.S.C.	live V.D	hea	1	facel	Perce	me age.	ans
3 492 X			CONTRIBUTING TO DEATH					VEN IN PART	PERF	S AUTOPSY FORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCU							
20c. TIME OF INJUR Hour o. ji. p. m.	Y Month, Day, Ye	While	Not while k ol work	PLACE OF INJURY foctory, street, offi	(Home, farm, ce bldg., etc.)	20f. (City	or town)	(Co	ounty)	(Stole)
afive onACTUAL SIGNATURE	to I attended the	12.5	and that de	ath Scourred a	12600	M, from DDRESS (SIN	the causes of th	and on the		e deceased ated above. DATE SIGNA VILLE
220. BURIAL, CREMATIC PREMOVAL (Specify)	Sept 4,		22c. NAME OF CEMETER Old Calvar			2d. locati Green Brook		or county) New Yo		ote)
23. FUNERAL DIRECTOR		lvati	ADDRESS	vland.	24a. REC'D		AR 24b. REGI		NATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 etely filled in by the funeral director, . Pages 1 and 2 should be filed with may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carp page 3 shauld be detached use as the burial-transit permit. Then please remave carban pot the registrar priar to burial, aremation, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

	PLANT OF HEALTH—BALTIMORE, 18
9296 M. CERTIF	ICATE OF DEATH Reg. Dist. No.
1(63/1/10/27/11/1/1/1/12/0	Montgomery
Be the sda	to be thesda
OR INSTITUTION	d. STREET ADDRESS  4317 Maple Ave.  6. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \overline{\o
3. NAME OF DECEASED (Type or print) First Middle	Melor And August 16/17, 1958
Mule While WIDOWED DIVORCED	U July 25, 1883 75 yrs. O 22 Hours Min.
Accountant Bookkeeping	industry 11. Birthplace (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. Litel/acid/ England US
Joseph Mellor	14. MOTHER'S MAIDEN NAME UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 094-10-852	Mary S. Mellor -Item # 2
153,3 DUE TO	Falure - Interval Between ONSET AND DEATH. 24 th. 48 hr.
couse (a), stating the under. DUE TO lying couse lost. (c) There state	Carcino of Blister & rotalet + Bruin 6 Mr -
(5) Carcinum of Sigmind Remond.	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO DE
	CURRED. (Enter nature of injury in Port I ar Port It of item 1B.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 2 Hour a. jz. While Not while of work of work	De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  20f. (City or town) (County) (State)
alive an 11/6 aug. , 1958 , and that a	eath accurred at Z. M, from the causes and on the date stated above  ADDRESS (Street, city or town, state)  DATE SIGNED
SIGNATURE Some S. STORY	M.D. 7936 Old Georgetown Rd. Beth. Md. 8/16/5
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMET	ERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	and DATEAUG 1 9 '58 24b. REGISTRAR'S SIGNATURE
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	CERTIFICATE OF DEATH	
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VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

	9297		CER	IIFIC	ATE OF DEA	IH		Reg. Dis	t. No. 2	15
1. PLACE OF DEATH  o. COUNTY  Mont	gomery		MA	RYLAND	2. USUAL RESIDENCE o. STATE Distr		d lived. If institution b. COUNTY	on: Residenc	e before ad	lmission)
Bethesda (R	ural)		c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN Washi	ngton	prote limits, write R	URAL ond g	ive nearest	town) '
U.S. Naval	TAL (If not in hospitol, g Hospital,				d. STREET ADDRESS	9th St.	, N.W.		0	RESIDENCE ON A FARM? S NO
3. NAME OF DECEASED (Type or print)	Fii Loui		Mid (nm	1	MESTESKY	4. DATE OF DEATH	Mor Augu		Doy 17	Yeor 1958
5. sex Male	6. COLOR OR RACE White	WIDOW	trans.	CED 🔣	B. DATE OF BIRTH October 12,		9. AGE (In years last birthdoy) 53 yrs.	-	YEAR IF U	INDER 24 HRS.
Mariner	ON (Give kind of work king life, even if retired			Retir	ced) Russi		ountry)	12. CITI	U.S.	HAT COUNTRY
13. FATHER'S NAME Julius Met	esky	A			Ida (Last	Name U	nknown)			
15. WAS DECEASED EVE (Yes. no. or unknown) Yes	R IN U. S. ARMED FOR (If yes, give wor or dates of s WW-II	CES? 16.	social security i nknown		mformant ficial Navy	Record	Add	ress		
Conditions, if o gove rise to it couse (o), stoting lying couse lost.	mmediote the under-	) <u>(</u>	lenoste	roli	a Heart		lasl		UME	L BETWEEN WND DEATH MOUSY
20g. ACCIDENT WA	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)				T NOT RELATED TO THE TE			EN IN PART	PE	AS AUTOPSY REFORMED?
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	20d. In While of work	Not while	20e. Pi	LACE OF INJURY (Home, factory, street, office bldg.,	form, 20f. (City	or town)	(Ca	ounty)	(Stote)
alive an 17	E. GORSUCH	, 195	MC, USN	METERY C	u.S. Nav	al Hosp:	n the causes of treet, city or town, ital, Bet	thesda thesda thesda	, Md.	DATE SIGNED
23. SUNERAL DIRECTOR:						EC'D BY REGIST	RAR 24b, REGJS	STRAR'S SICH		

THE SALE CONTRACTOR OF PERSONS WENDER LI, LIEUELL The section of the section of the second country of the second cou THE SECOND SECONDARY SECON 

VS A15 (4) 15M 10/57

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requires that the death certificate be executed within 24 haurs after death. Page 4		perol	isit permit. Then please remove carbon parts. Pages I and 2 should be filed with
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
9298
CERTIFICATE OF DEATH 09285 **CERTIFICATE OF DEATH** Ren Dist No

						we 8: m.s.		
1. PLACE o. CO	of DEATH UNITY Montgomery		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Virginia	ere deceased lived. If institu b. COUNT	tion: Residence YFairfa	before admission)	
b. CIT	Y OR TOWN (If outside corpo	rote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write	RURAL ond gi	ve nearest town)	
	Bethesda		1 day	Idvlwood		13 Y	. 3	
d. NA	ME OF HOSPITAL (If not in he	ospital, give stre		d. STREET ADDRESS		2/	e. IS RESIDENCE	
	INSTITUTION The Clinical (	Contan	Bethesda 11.Md	Fainfax D	rive. Box 100		ON A FARM? YES NO	
3. NAME		First	Middle		1			
DECEA	ASED or print)	Ethelwy	m Irene	Meyer	OF	onth Tust	8. 1958	
5. SEX	6. COLOR O	R RACE 7. M	ARRIED TO NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	IF UNDER I	YEAR IF UNDER 24 HRS.	
Fer	male Whit		WED DIVORCED	May 2, 1909	last birthdoy)		Poys Hours Min.	
10a. USU	AL OCCUPATION (Give kind	of work done 1	Db. KIND OF BUSINESS OR INDE				EN OF WHAT COUNTRY	
durin	ng most of working life, even cial Worker	if retired)	unknown	New Y		TI TI	. S. A.	
13. FATHE	ER'S NAME			14. MOTHER'S MAIDEN N	AME			
Edv	ward S. Hine			Ethel	wyn A. Edward	10		
15. WAS	DECEASED EVER IN U. S. ARA	AED FORCES?	6. SOCIAL SECURITY NO. 17.	INFORMANT The Med	ingli A. Duward	dress		
(Yes, no. or	unknown) (If yes, give wor o		Jnascertainable				71 76 7	
	CAUSE OF DEATH [Enter on			THE CTINICS	1 Center, Bet	nesda		
18.	ONSET AND DEATH							
20	04,2 IMMEDIATE	DUE TO		i				
			Myloblastic leu	kemá			3 Weeks	
	nditions, if ony, which he rise to immediate	(b)	720020000000000000000000000000000000000	210.1/2			3 1100110	
cous	se (o), stoting the under-	DUE TO						
	g couse lost.	(c)						
CERTIFICATION OB C			IS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	nal disease condition g	VEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO	
	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF THER, NOTIFY MEDICAL EXA	DEATH MINER) 206. D	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	ort I or Port II of item 18.)			
20c. T	IME OF INJURY Month, D Hour o. m. p. m.	Whi		LACE OF INJURY (Home, form, actory, street, office bldg., etc.	20f. (City or town)	(Co	ounty) (Stote)	
21	certify that I attend	ed the dece	osed from August	8 1958 to A	ugust 8 , 1958	that f la	et case the decree	
	Anmet 8	an inc dece		/ '/*/ ;~	P., ,	,11101 ( 10	isi saw the decease	
dily	The date sidied above							
ACTU	IAL Sital	14	00 118			, siorej	8/9/58 SIGNE	
SIGN	ATURE	nos	E MA		ical Center	0 11 0		
	CIAN'S G. RICH	ARD LEE	M.D.		Institutes o	I HeaT.	th	
220. BLARI	AL, CREMATION, 22b. DATE	THEREOF 13.195	8 The Oli		22d. LOPATION (City, town,	or county)	Marulon	
23. EUT95	AL DIRECTOR'S SIGNATE	inul.	HOMOGRESS OF	1 101		SISTRARYS SIGN	NATURE	
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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMEN	OF HEALTH-BALTIMORE, 1	8
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9189	CERTIFICA	TE OF DEATH		09286 Reg. Dist. No.
· PLACE OF DEATH · COUNTY  Montgomery	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE Maryland	ceased lived. If institution b. COUNTY	Prince George's
	ENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RL	JRAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street oddres OR INSTITUTION	is)	d. STREET ADDRESS	ngton 28, D.	e. IS RESIDENCE ON A FARM?
NAME OF DECEASED First	m + 140 Sp; tal	1,808 West	ATE Mont	YES NO Day Year
(Type or print)  SEX    6. COLOR OR RACE   7. MARRIED	James  ] NEVER MARRIED [	Minchin- D	EATH AUGS	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male With WIDOWED USUAL OCCUPATION (Give kind of work done 10b. KIND		8-24-58 TRY 11. BIRTHPLACE (State or for	yrs.	Months Days Haurs Min.
during most of working life, even if retired)  FATHER'S NAME			7	
Kelvin Lennard Mil	nchin	Shirley Jo	an Lonei	noan
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	AL SECURITY NO. 17. IN	iformant hart	Addr	080
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  Conditions, if ony, which gave rise to immediate couse (o), stating the under-lying couse lost. (c)	co, (b), and (c).]	, Pulmonary	atelectas (Secondar) ema	INTERVAL BETWEEN ONSET AND DEATH
PART 11. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVE	EN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 1 CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	. (Enter nature of injury in Part t	or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour a. m. While	OCCURRED 20e. PLA Not while of work	CE OF INJURY (Hame, form, lory, street, office bldg., etc.)	(City or tawn)	(County) (State)
Hour c. m. 19 While of work 0				

MEASTER TRANSPORT AND ADDRESS OF THE PROPERTY			MERCHANICA S		
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			Secretary States		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 haurs after death. Page 4

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	*	929	9	CERT	IFIC/	ATE OF DEAT	Н		Reg. Di	st. No.	U	
o. COUNTY		ntgomer	V	MAI	RYLAND	2. USUAL RESIDENCE (W o. STATE District		b. COUN	tution: Residen		e admiss	ion)
	OWN (If outside give nearest to	e corporote lim		c. LENGTH OF STA		c. CITY OR TOWN (IF	outside corpo		e RURAL ond	give neo	rest town	i) V
d. NAME OF OR INSTITU	HOSPITAL (If no				Su. Y	d. STREET ADDRESS	Stree	t. N. E				FARM?
3. NAME OF DECEASED (Type or print		Fi		Midd <b>Le</b>	le	Lost Moriarty	4. DATE OF DEATH	N	August	Do)		Yeor 19 <b>58</b>
5. SEX	6. CO	LOR OR RACE	7. MARE	RIED IN NEVER MARI	RIED 🔲	B. DATE OF BIRTH		9. AGE (In year lost birthdo)	Months	1 YEAR Days		R 24 HRS. Min.
Male		nite	WIDOWI		Lugal	February 2,	1904	54 y	rs.	Days	Hours	Min.
during most	UPATION (Give of working life Service	, even if retired	)	U.S.Gover		West Vi			12. CI1		S.	A.
13. FATHER'S NA						14. MOTHER'S MAIDEN	NAME					
John J	. Moria	arty				Julia H	ogan	U i ELL				
Yes. no. or unknown	)   (If yes, gi	S. ARMED FOR	ervice)	None		he Clinical				, Ma	ryla	ind
Condition gove rise couse (o), lying cous	I. DEATH WAY IMMED  15, if ony, when to immediately into the under	S CAUSED BY: DIATE CAUSE (c  DUE TO  ich ote DUE TO	? ?	Hepatic inhoir, unte	Lumy	in - Sen eloghous NOT RATED TO THE TERA	Lend Lend	(Pm ia	GIVEN IN PAR	ONS -	RVAL BE ET AND WAS A WAS A WAS A	DEATH AUTOPSY
PART  OILY  20g. ACCIDE OR CONTRII (IF EITHER. N	ENT WAS UNDI	ERLYING  USE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture of injury in	Port I or Por	rt II of item 18.)				NO _
	FINJURY MO	AL EXAMINER)	or 20d. II While of wor	NJURY OCCURRED  Not while k of work	20e. PL	ACE OF INJURY (Home, for ctory, street, office bldg., et	m, 20f. (Cit	y or town)	(1	County)		(Stote)
21. I cert alive an_ ACTUAL SIGNATURE		ittended the	deceas 19	58_, and the		22 19 58, to accurred at 5:20	OAM, from ADDRESS (S	m the cause: treet, city or tov	s and an t	he dat	le state	
PHYSICIAN' NAME (Type	Leona	rd Garr	en, l	M.D.		National Bethesda			Healt	h		
220. BURIAL, CRI REMOVAL (	Specify)	DATE THEREC	)F	22c. NAME OF CE				TION (City, tow	n, or county)		(Stot	e)
Remova 23. FUNERAL DIR		8-5-58		ADDRESS	y Cen		St.		Minn.			

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## FOR STATE HEALTH DEPT

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KAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 1 to the Chief Medical Examiner's Office along with form PM3. Page may be retained for your files. It is a should be used as a burial-transit permit. File pages 1 and with the State Board of Health, it point to burial, cremation, ar removal, and in any event within 72 Hours after death.

execute the certificate, writed 4 shauld be forwarded to TO FUNERAL DIRECTOR: F or its designated agent,

TO DEPUTY MEDICAL EXAMINER: This

VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

JAUL	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Manty emery MARYLAND	o. STATE mel b. COUNTY marita
b. CITY OR TOWN (If outside corpored limits, write RURAV   C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neglest town)
and give garnest lawn) Cockwelle 6450	126 D - 1, - '01.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS le. IS RESIDE!
4604 Bayne ch	1 4604 Bayne ch YES NO
3. NAME OF DECEASED (Type or print)  Carrie Elin L. H.	Month Day Year  Month Day Year  DEATH  LOST  19 5
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH P. AGE (In years / IF UNDER 1 YEAR IF UNDER 24
male white WIDOWED DIVORCED []	12-3-12 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during post of working life, eyen if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
houseurfe Own Home	Ma M-SC.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Eder Lottemphones	Margaret Breeze
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  [Yes, no, or unknown]	INFORMANT Address
No. 579-32-6536 7	here more - Non a St. 2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL DETWEEN
PART I. DEATH WAS CAUSED BY:	2 ONSET AND DEATH
345x IMMEDIATE CAUSE (0) Imperatory	y where there do
DUE TO	
Conditions, if ony, which gove rise to immediate couse (b)	Bellevous le you
(o), stoting the underlying DUE TO	
couse fost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. CAUSE OF DEATH.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOI PERFORMED
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	YES NO (Enter noture of injury in Port I or Port II of item 18.)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Enter notice of injury in Port I of Port II of Nem [8.]
3 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 120f. (City or town) (County) (Sta
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL While Not while fac of work of work	ctory, street, office bldg., etc.)
21. I certify that I taok charge of the remains described about	ove held on Autonsy D. Inspection D. Inspection
opinion death resulted fram: Natural causes , Accident	, Suicide, Hamicide, Undetermined manner
ACTUAL + B B CO	DATE SIGNED
SIGNATURE SOLLA CONTRACT	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S FIAMILE TO	ASSISTANT MEDICAL EXAMINER D
NAME (Type) - ANK J. 13tusch & 1st	_ DEPUTY MEDICAL EXAMINER B 8 2 3 -3 8
220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	R CREMATORY 22d. LOCATION (City, town, or county) (Stole)
BURIAL AUG. 28, 1958 GATE OF HEAVE	N CEMETERY MONTGOMERY COUNTY, MARYLAND
29 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Marke Co, Jump Locky SILVER SPRI	NG.MD. DATE AUG 2 8 '58 Cultury S. Frank

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## FOR STATE HEALTH DEPT.

s after death. If any deloy is necessary, please ges 1, 2, and 3 to the funeral director. Page M3. Pagi may be retained for your files. ages 1 one with the State Board of Health, within 2 hours after death. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, m 4 should be forwarded to Chief Medical Examiner's Office along with form PM3. Pages TO FUNERAL DIRECTOR: P. 3 should be used as a burial-transit permit. File pages 1 and ar its designated agent, phan to burial; cremation, or removal, and in any event within 72 had

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9300 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		- 7	U	J	10	O	•
Reg.	Dist.	No.					

1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before	odmission)
	O. COUNTY M MTILMORY MARYLAND	o. STATE b. COUNTY be	-
	b. CITY OR TOWN IN autide proporate limits, with RURAL   C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give moore	al lown)
	and give neglest fown)	vero. u. P. L. D. T.	- /
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS COLUMN COMMENT	IS RESIDENCE
	11 C L J11	1 3810 augusta Land	ON A FARM?
1	NAME OF First Middle	July 4th	ES NO RA
ľ	DECEASED ()	OF	Yeor
5	wayne !!	100000	UNDER 24 HRS.
1	male who to widowed of Divorced of	lost birthday)	urs Min.
1	On. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI	3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	HAT COUNTRY?
	during most of working life, even if retired)	mol	
)  -	3. FATHER'S NAME	This M.S. C	
4		14. MOTHER'S MAIDEN NAME	
-	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	Kanne Luddleson	
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT 6500 illumfig R	d
-	m	for a Stantis Bestudi 14,	my
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY:	Milefval I Onset an	BETWEFN ID DEATH
	IMMEDIATE CAUSE (6) Coronary Ac	clusion 31	rdolu
	420, DUE TO		
	Conditions, if any, which gave rise to immediate cause (b)		
	(a), stating the underlying DUE TO		
	cause lost. (c)		
1	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. W	AS AUTOPSY ERFORMED?
		YES	□ NO B
100000000000000000000000000000000000000	200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED. (EI	iter nature of injury in Fart I ar Part II of item 18.)	
10000	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC While Not while foctor	E OF INJURY (Home, form, 20f, (City or town) (County) ry, street, office bldg., etc.)	(State)
1			
	21. I certify that I took charge of the remains described above	re, held an Autopsy 🔲, Inspection 🔀, Inquiry 🙀,	and in my
	opinion deoth resulted from: Natural causes 🔀. Accident [	], Suicide [], Homicide [], Undetermined manner	
	1		TE CIONED
	SIGNATURE Frank O. Broschart	M.D. CHIEF MEDICAL EXAMINER	TE SIGNED
	EXAMINER'S	ASSISTANT MEDICAL EXAMINER	~)
	NAME (Type) FRANK J_Bruschart	DEPUTY MEDICAL EXAMINER DE Cury 7 193	3
2	20. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	REMATORY 22d. LOCATION (City, Jown, or county)	(Stole)
	Turist 1/8/58 aringing	lat. cun cosung lon,	)a
2	3. FUNERAL DIRECTOR'S MIGNATURE ADDRESS 51 9 3	24 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE	
	Crung Critical Anna 14320 11.94.	back Deate AUG 8 '58   Compression	

09290

Reg Dist No

		LUUL								wad. pist.	110.	
	CE OF DEATH	lontgomer	У	MAR	YLAND	2. USUAL RES		ere deceased	lived. If instituti b. COUNTY		before odm	
R	ITY OR TOWN (I URAL and give no Germant		its, write	c. LENGTH OF STA	Y IN 16		tindit		Bethese		e nearest to	wn)
d. N	OR INSTITUTION	At (if not in haspital, larylande		address)		d. STREET	ADDRESS KUNDELY	Wisc	eonsin A	ve.	ON	ESIDENCE A FARM?
DEC	ME OF EASED e or print)	-	nie NIE	Middl E.		OYER	ost	4. DATE OF DEATH	Augu		Day	Yeor 19 58
5. SEX	Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARE		Oct.	тн 17.183	77	P. AGE (In years last birthday) 86 yrs.	Months Do	EAR IF UNI	DER 24 HRS.
Se	SUAL OCCUPATION TO WORK AMSTRES HER'S NAME	ON (Give kind of wark ling life, even if retired SS	done 10b.	KIND OF BUSINESS	OR INDUS	Vir	PLACE (State of		entry)		S.	AT COUNTRY:
	Ambros	se Moyer					lizabe		Stombo	ock		
1S. WA	S DECEASED EVE or unknown)	R IN U. S. ARMED FOI lif yes, give wor or doles of		social security None		Record		arylar	nder Add	ess Ger	manto	own , Mc
c	PART I. DEA 422./ onditions, if or	ny, which )	, a	ne far (a), (b), ond (c	eli	Mic	Can	elin	dise	len	j 0 L	Setween D DEATH
co ly	ove rise to it suse (a), stating ring cause lost.	nmediate (									(	
CERTIFICATION SOS SOS		er significant con	IDITIONS C	CONTRIBUTING TO D	EATH BUT N	NOT RELATED T	O THE TERMIN	VAL DISEASE	CONDITION GIV	EN IN PART 1	PERF	ORMED?
	ETIMER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY	OCCURRED	. (Enter noture	of injury in P	art I or Port I	il of item 18.)			
WEDICAL 20c	Hour o.m.	Manth, Day. Ye	While	NJURY OCCURRED  Not while  of work	20e. PLA	CE OF INJURY ory, street, offi	(Home, form, ce bldg., etc.)	20f. (City o	or town)	(Cau	nty)	(State)
AC SIG	TUAL ENATURE	AMES P.	decease 1. 19 KERR	ond that	t death	accurred a	Ins	ADDRESS (Stre	the causes of th		date sta	
220. BU	RIAL, CREMATION	N, 226. DATE THEREC	)F	22c. NAME OF CEA					ON (City, town, o		(Sto	ite)
	BERT A	SIGNATURE PUMPHRE	EY	ADDRESS Bethesd		Cemet		BY REGISTR	- NA D	Y COU		Md.

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## CERTIFICA

1D	D STATE DEPARTMENT OF HEALTH—BALTIMORE, 18						0929		
	CERTIFIC	ATE OF DEATH	1		Reg. D	ist. No.	215		
	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE New You		d lived. If institution b. COUNTY	Que		admissi	ion)	
ile	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corpo	prote limits, write RI	JRAL ond	give neare	st lown	) V	
	29 days	New York	City	- Forrest	Hil	ls 6	9x	-3	
reet	oddress)	d. STREET ADDRESS				e.		DENCE	
MC	,Bethesda,Md.	109-15 Qu	eens ?	Boulevard				NO A	
	Middle Frank	NOLAN	4. DATE OF DEATH	Mon Augu		Day 8		rear 19 58	
AAR	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		R 1 YEAR II	UNDE	R 24 HRS.	
ow	ED DIVORCED	2-5-93		lost birthday) 65 yrs.	Manths	Days	Hours	Min.	
10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	or foreign c	country)	12. CI	TIZEN OF	WHAT	COUNTRY	
2.7	0 0	77774-4-4			1	TT C A			

o. COUNTY Mon	tgomery	MARYLANE		New Yo		b. COUNTY	Quee		omission)
b. CITY OR TOWN RURAL and give r	(If outside corporate limits, write	c. LENGTH OF STAY IN 18	b (	. CITY OR TOWN (If	outside corp	orote limits, write RL	RAL ond g	ive neares	t lown)
Bethesda	(Rural)	29 days		New York	City	- Forrest	Hill	s 6	7x-3
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stree	t oddress)		d. STREET ADDRESS					IS RESIDENCE ON A FARM?
	Hospital, NNM	Bethesda, Md.		109-15 Qu	eens	Boulevard			ES NO N
3. NAME OF DECEASED	First	Middle		Lost	4. DATE	Mont	h	Day	Year
(Type or print)	Edward	Frank		NOLAN	DEATH	Augu	st	8	19 58
S. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years lost birthday)			UNDER 24 HRS.
Male	White widow	VED DIVORCED	2	2-5-93		65 yrs.	Manths	Days H	laurs Min.
10a. USUAL OCCUPATI	ION (Give kind of work done 10th	. KIND OF BUSINESS OR INC	DUSTRY	11. BIRTHPLACE (Stote	or foreign	country)	12. CITI	ZEN OF V	WHAT COUNTRY?
Administr		S. Governmen	it	Illinois	5		U	.S.A.	
13. FATHER'S NAME			14	MOTHER'S MAIDEN	NAME				
Frank H.	NOLAN			Elizabeth	J. SA	UNDERS			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17	. INFOR	MANT		Addr	ess		
Yes	WWI & II	060-07-3259	Mrs.	Rae F. No	olan (	wife), sa	me as	#2 8	above
1B. CAUSE OF DE	ATH [Enter only ane couse per	line for (o), (b), and (c).]		9				INTERV	AL BETWEEN
PART I. DE.	ATH WAS CAUSED BY:	belominal	ca	remomas	losis				noullis
157x	DUE TO	1 0							
Conditions, if	ony, which ) (b)	Primaris &	re	probably	hum	ureas)		1.65	
gove rise to	immediate (		- 00		7			-	
couse (a), stating lying couse lost.		U			SLA				
Z PART II. OT	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT	RELATED TO THE TERM	INAL DISEA	SE CONDITION GIVE	EN IN PART	1(a) 19. \	WAS AUTOPSY
LE S									PERFORMED?
OR CONTRIBUTING	AS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCUR	RED. (En	ter noture of injury in	Part I or Pa	rt II of item 18.)			
1 . 1		INJURY OCCURRED 20e.	DI ACE C	DE INITIDY (Mana fare	1006 103				
20c. TIME OF INJUI Hour o. m. p. m.	While		factory,	OF INJURY (Home, farm street, office bldg., etc	n,   207. (Cir	y or town)	(C	ounty)	(State)
21. I certify the	hat I attended the decea	sed from July 10	)	1958 to Au	gust	8 1958	that I le	ast saw	the deceased
alive on Aug	ust 8 19	58 and that dea	th occ	urred ot 7:47F	M. fro				
O	- 1	16				street, city or town, s		c daic	DATE SIGNED
ACTUAL	-> McCleux	shav	M.D.	U. S. Na	aval H	lospital,	NNMC	8.	-9-58
//									
PHYSICIAN'S NAME (Type)	. E. MC CLENAT	HAN, CDR, MC, US	N	Bethesda	14.	Maryland			
	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CRE	MATORY	22d. LOCA	TION (City, town, o	r county)		(Stote)
REMOVAL (Specify) Burial	8-13-58/	Northwood C	emet	cery	No.	Philadelp	hia.	Pa.	
23. FUNERAL DIRECTOR	S'S SIGNATURE &	en ADDRESS Washi		4	D BY REGIS				0/
W. W. Cham	ibers Co. 1400	Chapin St N	_	Monte C	19	1958//	fred.	1	grans

moy be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After its certificate has been signed by the ottending physician and compage 3 should be detached use as the burial-transit permit. Then please remove carbon paths registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death.

VS A15 (4) 15M 10/57

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AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		TE OF DEATH		
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Medical Constitution of March County of the Constitution of the County o		The state of		
	State Service Brook by			

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09292

	0400	CERTIFIC	ATE OF DEATH			0020
\F	9190	CERTITIO	1		Reg. Dist. I	
"	o. COUNTY Montdomery	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryland	nere deceased lived. If in: b. COU	stitution: Residence b Nontgome:	perfore admission)
	b. CITY OR TOWN of outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporate limits, w	rite RURAL and give	nearest town)
L	Tokema Pork	3 hours	56 Silver S	pring		VIII KEEP
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
L	Washington Sanitar	rum	1509 Dub	olin Dr.		YES NO X
3	NAME OF DECEASED	Middle	Lost	4. DATE	Month	Day Year
L	(Type or print) BABY	BBY	OWERS	DEATH 8-5	- 38	19
5	A	HED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In y	loy) Months Day	EAR IF UNDER 24 HRS. ys Hours Min.
Ļ	male white widow		8-5-58		yrs.	3 17
ľ	Oa. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	N OF WHAT COUNTRY
I.	CATHERIC ANALY		715A -	- Muryland	715	A.
ľ	P. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	2 . 1	
Ļ	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	COCIAL SECURITY NO. 117	NFORMANT A	18/1	snicely	
	res, no. or unknown) (If yel, give wor or dates of service)	SOCIAL SECURITY NO. 17.	n. It and 1	4	Address	
F	No la company la compa	//	iothers cha	<i>Y</i> /	*	
	1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY:	!-	15-10-4-4	-110 - E.		INTERVAL BETWEEN
	IMMEDIATE CAUSE (o)	INCLO THE T	DEM.4 + 1	ALEGEAL	A	5 HRS.
	760.0 DUE TO					
	Conditions, if any, which gove rise to immediate (b)					
ı	couse (o), stoting the under-				Himself	
1	/ (0)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAI DISEASE CONDITION	U GIVEN IN PART I	10 WAS ALITOPSY
CENTIFICATION	The months solutions and	BOTTO TO DEATH BOTTO	NOT REDITED TO THE TERMS	THAE DISEASE CONDITION	A OIATIA IIA LYKI IIG	PERFORMED?
O igi	200. ACCIDENT WAS UNDERLYING 206. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Port II of item 18	1)	YES NO
TCOT	OR CONTRIBUTING CAUSE OF DEATH		or temor mororo or injury in a			
		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	20f. (City or town)	(Coun	nly) (Stote)
A COLORA	Hour o. m. While	Not while fo	clory, street, office bldg., etc.			(0.0.0)
1		7 - 3	2058.	8-3	FV	
	21. I certify that I attended the deceas	dom City	, 1920, 10	17		t saw the decease
	alive on	z_u, and that death	occurred at 7,05/			date stated above
L	ACTUAL 13500	W	9013F1	WERAUE	own, stolej	8/3/58
	SIGNATURE		M.D		11	0/2/-0
	PHYSICIAN'S L. B. Snow.	M.D.	SILVER	SPRING	, MD.	
2	PO. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, to	own, or county)	(Stote)
	REMOVAL (Specify) Cremation 8-5-58	Washington Sa	Hospital	Takoma F		Md.
2:	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			REGISTRAJES SIGNA	
	Robert A. Hare, M.D., Wa	shington San.		AUG 8 '58	Medican	ich

VS A15 (4)
15M 10/57
Robert A. Hare, M.I.
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0303

09293

	2003	CERTIFICA	ATE OF DEATH	1		Reg. D	ist. No		
1. PL/	ACE OF DEATH COUNTY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE		b. COUNTY			re admissi	ion)
b.	MONTGOMERY  CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		MONT ote limits, write R			arest town	1
	RURAL and give nearest town)	29 years	56 SILVER SPI				3		
d.	NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS	TING				e. IS RES	DENCE
-	OR INSTITUTION 2109 HANOVER STREET		/ 2109 HANOVI	ER STR	EET				FARM2
DE	CEASED First  ELSIE C. PENI	Middle CKS	Lost	4. DATE OF DEATH	Mon AUGUST	th 23	Do		reor 58
. SE)	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	,	9. AGE (In years	$\overline{}$		IF UNDE	R 24 HRS.
E	MALE WHITE WIDOW	ED DIVORCED	JUNE 20, 188	5	lost birthdoy) 73 yrs.	Months	Doys	Hours	Min.
a. L	JSUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. C	ITIZEN C	OF WHAT	COUNTR
	during most of working life, even if retired)	D. A. R.	SOUTH DAK	)TIA		TT	. s.	Α.	
	CLERK NAT'L. DEFENSE	We the Ae	14. MOTHER'S MAIDEN N			- 0	. 0.	a.	
	CYRUS RAYNSFORD		UNKNOWN						
		SOCIAL SECURITY NO. 17. IN	NFORMANT		Addi				
es, n	o, or unknown)   (If yes, give war or dates of service)		MAS B. PENIC	KS,210			.,SI	LVER	SPRI
11	B. CAUSE OF DEATH [Enter only one couse per li	ine for (a), (b), and (c).]	-					ERVAL BE	
	PART I. DEATH WAS CAUSED BY:	Parino	11 011111	,			ON	SET AND	DEATH
Г	156.1 IMMEDIATE CAUSE (o)	JIVUUV	oco oco a					24	uy.
L									
	Conditions, if ony, which gove rise to immediate (b)								
1	couse (o), stoting the <u>under.</u> DUE TO lying couse lost.	arcinoma	. of Lu	ier			1	m	w
	PART II. OTHER SIGNIFICANT CONDITIONS	1000 - 10		NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o)	PERFO	RMED?
1	ACCIDENT WAS HARREST TO THE		ase w		11 -5 '4 10 '			YES []	ио 🗓
100	00. ACCIDENT WAS UNDERLYING  R CONTRIBUTING CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	o. (Enter nature of injury in t	or I or Part	ii or item is.)				
20			ACE OF INJURY (Home, form	20f. (City	or town)		(County)		(Stote)
	Hour o. m. While of wor	1401	tory, street, office bldg., etc.	1					
		21 112	8 . 19 . ta	2150	100			.1.	
	1. I certify that I attended the decease	_			3 , 19 <u>5 }</u>				
a	live an 8 2 3 , 193	$\geq 1$ , and that death	accurred at 10/251				the da		
	CTUAL N V			ADDRESS (SI	reet, city or town,	stote)		UA	TE SIGNI
SI	GNATURE	<u> </u>	w.d. 9321 GEORG	IA AYE	SILVER	SPR	ING	8/24	1/58
	HYSICIAN'S NAOMI T. LUCIUS								
	SURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCAT	ION (City, town, o	or county)		(State	=)
	REMOVAL (Specify) EMATTON AUG. 24, 1958	FORT LINCOLN	CREMATORY	PRINC			2	MD.	
	INERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTI					
15	amer 6 Rumphrelle	SILVER SPRING	I MD		58				
	much much man		DATE		00	Inthua	9 4		

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VS A15 (4) 15M 10/57

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Company of the Case of the Cas		
A THE PROPERTY OF THE PROPERTY		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pending them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to Chief Medical Examiner's Office along with form PM3. Page may be retained far your files.

TO FUNERAL DIRECTOR: P. 3 should be used as a burial-transit permit. File pages 1 and with the State Baard of Health, ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0929	4
	0929

9304 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

D	Dist.	N.E.
Ree.	DIST.	140.

1.	PLACE OF DEATH a. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE FLORIDA b. COUNTY BROWARD	
	b. CITY OR TOWN   It outside corporate limits, write RURAL and give negret fown)  SILVER SPRING  2 MONTHS	c. CITY OR TOWN (If outside carporale limits, write RURAL and give nearest tawn)  HOLLYWOOD  LL 9 × 2	_
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 731 SILVER SPRING AVENUE	d. STREET ADDRESS  1829 FUNSTON STREET  e. IS RESIDENCE ON A FARM YES NO	V2
3.	NAME OF PICT First Middle OTTO PERSON MIDDLE CAROLINE PERSON	Lost 4. DATE Month Doy Year OF DEATH AUGUST 17 1958	
	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH  JAN. 1, 1875  9. AGE IIn years let birthday) 83 yrs.    FUNDER 14 PER   15 UNDER 24 H	IRS.
10	a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUS during mast of working life, even if retired)  HOUSEWIFE OWN HOME	TRY 11. BIRTHPLACE (Stote or foreign country)  ANGEL ISLAND, CALIFORNIA U.S.A.	TRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
L	FREDERICK LUTZE	ELLEN P. EDGERTON	
	es, no, er unknown)   [If yes, give war er dates of service)	OHN T. McMENOMY, 731 SILVER SPRING AVE., S.S.	.,
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Occlusion - INTERVAL BETWEEN ONSET AND DEATH 5 mm	
	Canditions, if any, which gave rise to immediate cause (a), stoting the underlying DUE TO	Occlusion - 5 min 20 yr.	
CERTIFICATION	cause last. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES NO Enter nature of injury in Part I or Part II of item 18.)	_/
MEDICAL CE		CE OF INJURY (Home, form. 20f. (City or tawn) (County) (State lary, street, office bldg., etc.)	e)
	21. I certify that I taak charge of the remains described abo	ove, held an Autapsy, Inspection	ny
	apinian death resulted fram: Natural causes . Accident		
	ACTUAL SIGNATURE John S. Ball.	M.D. CHIEF MEDICAL EXAMINER [	
1	EXAMINER'S NAME (Type) JOHN G. BALL	ASSISTANT MEDICAL EXAMINER AUG. 17, 19	958
22	o. BURIAL CREMATION, REMOVAL (Specify) BURIAL AUG. 20,1958 ARLINGTON NA	CREMATORY 22d. LOCATION (City. town, or county) (Stote) ATIONAL CEMETERY, FORT MYER, VA.	
33	EUNERAL DIRECTORS SIGNATURE LAVORON E. TUMPRALY SILVER SPRING	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATE AUG 2 2 '58  Outhur S. Hame	

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Reg. Dist. No.

								reg. Dist. tec	P+	
1. PLACE OF DEATH  o. COUNTY  MO	ntgomerv		MARYLAND	O. STAIL	SENCE (When	re deceased lived	. If institution	n: Residence bef		
b. CITY OR TOWN RURAL ond give Kensin	(If outside corporate limits, nearest town)		F STAY IN 1b		OWN (If out	tside corporate li	mits, write RU			
d. NAME OF HOSE OR INSTITUTION	· ·			d. STREET A	DDRESS	ett St.			e. IS RESID ON A F YES	ARM?
3. NAME OF DECEASED (Type or print)	MYRTIE First	E. PE	middle PERSEN	las		4. DATE OF DEATH	Month	20	ay Ye	58
Female	White V	VIDOWED DI	VORCED 🗌	June	30.	1873	85 yrs.	Months Days	Hours	24 HRS. Min.
during most of wo	orking life, even it refired)	ne 10b. KIND OF BUSII	NESS OR INDUS		on F	Pa.		12. CITIZEN	DF WHAT C	OUNTRY?
	ER IN U. S. ARMED FORCE	S? 16. SOCIAL SECURI	ITY NO. 17. IN	Emi	ly A	. Brow	n Addre	ess.		
gove rise to cause (o), stoting lying cause lost	the under-	Screral Chroni Ocalisti HONS CONTRIBUTING	Leged to the TO DEATH BUT	corle earl NOT RELATED TO	fai fai the termin.	clero Leve	DITION GIVE	N IN PART 1(o)	Jeles Jeles 19. Gavas au PERFORM YES 1	MED?
		0b. DESCRIBE HOW INJ	URY OCCURRED	. (Enter noture of	injury in Po	rt t or Port II of	tem 18.)		165 []	NO DE
Hour o.m.	. 10	20d. INJURY OCCURR While at work ot work	foct	CE OF INJURY () lory, street, office	lome, farm, bldg., etc.)	20f. (City or tov	vn)	(County)		(Stote)
21. I certify to alive an actual signature.  Physician's NAME (Type)	that I attended the decomposition of the Ry	5 X	that death	occurred at	1 / 1 /	M, from the DORESS (Street, c	causes an		ite stated	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  Kensington  d. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  First  MYRTIE  Female  White WIDOWED  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWIFE  13. FATHER'S NAME  Rufus  B. Denmark  15. WAS DECEASED EVER IN U. S. ARMED FORCES? [If year, or unknown)  If year, or unknown)  18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  Conditions, if only, which gove rise to immediate cause (o), stoting the under. Tying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTR  20a. ACCIDENT WAS UNDERLYING DUE TO  OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)  TOOL ACCIDENT WAS UNDERLYING DUE TO  20a. ACCIDENT WAS UNDERLYING DUE TO  20b. DESCRIBE IN U. S. ARMED TO		FCEMETERY OR		2	Washi		county)	(Stote)	<u></u>	
0-01-	rs signature.	Washingt 300 4th				BY REGISTRAR G 2 5 '58	24b. REGIST	RAR'S SIGNATU		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

etely filled in by the funeral director, Pages 1 and 2 should be filed with

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: Afte, this certificate has been signed by the attending physician and capage 3 shauld be detached

The burial-transit permit. Then please remove carbon potter registrar prior to burial, cromatian, ar remayal, and in any event within 72 hours, after death

VS A15 (4) 15M 9/55

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hin 24	B. Giv	with for	nit. Fil	n ony e
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ICAL E	tificate.	rworde	RECTO	ed age
TY MED	the cer	d be fo	RAL DI	esignat
DEPUT	execute	should	FUNE	or its d
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessory, pleas	A	15	TO FUNERAL DIRECTOR: It 3 should be used as a burial-transit permit. File pages I an with the State Board of Health	Ü
5	M :	2/5	7	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,		09298
9306 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist.	No.

- 1	-					
	1. 8	o. COUNTY O STATE I	CE (Where deceased lived. If institution: Residen	ce before odmissian)		
	b	b. CITY OR TOWN  II outside corporate limbs, write RURAL   c.  ENGTH OF STAY IN 1b   c. CITY OR TOWN	included 110	ond give neadest town)    Constant   County   Co		
		and give recreit (awn)	e buillo	give nearest town,		
	d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET XDDRE	35			
		Suburban Appilal 1/604	Henry Road			
	- 0	3. NAME OF DECEASED Middle Lost	4. DATE Month	Day Year		
1		(Type or print)  (Type or print)  (S. SEX   6. COLOR OR BACE   7. MARRIED   1 NEVER MARRIED BY COR BURY	CULLINIA			
		F. WIDOWED DIVORCED AM. 1/	9.5   lost birthday) Months D			
		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPEACE (Sturing most of working life, even if retired)	State or fareign country) 12. CITIZ	EN OF WHAT COUNTRY?		
		Student Mary	pland 4	, S.A		
Н	13.	13. FATHER'S NAME	EN NAME POLY			
		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	My CRello	1		
	JYes.	[Yes, no, er unknown] [If yes, give war er dates of vervice]	Doutte P. H	Olins		
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ]		INTERVIL BETWEEN ONSE AND DIATH		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Anoxia		1 nour		
1		Our To Cerebral lacerations and sul	bdural hematoma	3 3/4 hrs.		
		gove rise to immediate couse				
			occupital bones	3 3/4 hrs.		
5	20	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOFSY PERFORMED?		
	3	20. EXTERNAL CAUSE WAS 20. DESCRIBE HOW INTURY OCCURRED (5.1		YES NO		
	CERTIFICATION	PRIMARY DO CONTRIBUTING A Feel While A Contribution of Injury in Cause of Death.	Port I or Parl II of item 18.)			
	3		form. 20f. (City or town) (Coun	ly) (Stole)		
	MED	6:15 p.m. 8-13 1958 of work of work A Selewell:	Bockville mo	nty med		
		21. I certify that I taak charge of the remains described above, held an Auto	apsy 🔼, Inspection 🗌, Inquiry	, and in my		
		apinion death resulted from: Natural causes [], Accident [], Suicide []	, Homicide [], Undetermined m	anner 🗌		
		SIGNATURE Frank Q. Brownhout M.D. CHIEF MEDICA	AL EXAMINER [7]	DATE SIGNED		
2		ASSISTANT MI	EDICAL EXAMINER			
		EXAMINER'S FAANK J. 13 to schart DEPUTY MEDIC	CAL EXAMINER DA 8-14	-28		
	_	226. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 8/16/58 Mt. Zion	COLOR OF BACE   NABRIED   NEVER MARBIED   PATE OF BIRDING   PATE			
	23.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240.	REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN			
	F	Robert A. Pumphrey-Bethesda, Md.	AUG 1 8 '58 arthur 8.	Kraus		
8	-					

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09297 9307 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1.			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1	•	monty maryland	o. STATE md b. COUNTY Man La
	b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give georest town)
			56 Alien Ph.
	d	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street orderss)	d. STREET ADDRESS e. 15 RESIDENCE
0		1007 1 100 AIR	16 A-7 LAND ON A FARM?
	3. 1		The famous cone
		DECEASED ( ) 0	OF OF O
		The second	Track to 5 "38
	J. J		lost birthday) Months Days Hours Min.
	20	I Vace I la hele	
	100	uring most of working life, even if retired)	RY III. BIRTHPLACE (State or foreign country)
		Theographic M.S. 20%.	D.C. 11-S.C.
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Teo Smith	Fannie B. Hoyard
1			NFORMANT Address Andress
m		NO 212-24-2622 134	eeve tratt (pm) new the mil
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INIERVALAETWEEN
		PART I. DEATH WAS CAUSED BY:	1 - 0
		971. V	Judy.
		and the second	nd the al al
		gove rise to immediate cause	I'm man
		tol, siding the orderlying	
	z		IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	ATIO	1). / / / / /	PERFORMED?
	FIG	200. EXTERNAL CAUSE WAS / 2010 DESCRIBE HOW INJURY OCCURRED IE	
	ERT	PRIMARY Dur CONTRIBUTING	1111
	ALC	Self-ray received	allet it one there skell
	Dig	Hour While Not while facto	bry, steet, office bldg., etc.)
	Z		nome below spring more made
		21. I certify that I taok charge of the remains described about	ve, held an Autapsy [], Inspection [], Inquiry [X], and in my
		opinion death resulted fram: Natural causes, Accident [	, Suicide X, Homicide , Undetermined manner
	F-1	2 . 0	DATE SIMILED
,		SIGNATURE hand 1. 1 Broschart	M.D. CHIEF MEDICAL EXAMINER
2		EVANISHEDIS - 5	ASSISTANT MEDICAL EXAMINER
		NAME (Type) FLANK J. Broschert	DEPUTY MEDICAL EXAMINER \$ - 2/-58
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
D. COUNTY  MATERIA DO . STATE  D. COUNTY  MATERIA DO . STATE  D. COUNTY  MATERIA DO . C. CITY OR TOWN (If outside corporate limits, wijne RURAL and give general hown)  J. STATE ADDRESS  J. STATE ADDRESS  J. STATE ADDRESS  J. DATE Month of Month o			
D. CITY OR TOWN   I consider some source of the solid control of the sol			
1	4	warner 6. Tumpray SILVER SPRIN	IG,MD. DATE

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EVAMINED'S CEDTIEICATE OF DEATH 0101

09298

۱		3131 MEDICAL EXAMINER	Reg. Dist. No.	
1	1, 1	LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)	
)	•	COUNTY 17 0010 0mery MARYLAND	O. STATE / DAKN Jahe b. COUNTY / 77 on Towner	.,
	b	CITY OR TOWN III outside corperate limits, write RURAL \ C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give material town)	4
14.00	T	and give nearest town!	C 2.1.	
	1	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE	CE .
	Y	ashington Santarium + Hospita	1 8608 2 ma Ve., YES NO	17,
		IAME OF CECASED Middle First Middle CECASED MAN MIDDLE MAN MID	Lost 4. DATE Month Day Year OF DEATH	7
i	5. S	COLLO A CHAVAVA	8. DATE OF BIRTH  9. AGE (In years   IFUNDER 1YEAR IF UNDER 24 HF	95
	1		lost birthday) Months Days Hours Min.	
	1	emale While WIDOWED DIVORCED	8-26-64 79 yrs.	-
j	d	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUS uring most of working life, even if retired)  10 N & Homemaker Own home	TRY 11. BIRTHPLACE (Stote or foreign country)	RY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
)		Samuel Ball Fisher Mid	I ancella Bohe	
	15. (Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT DI Address 32me 2ddres	،ک
4		No none /	Miss Phoebe Presloh - DaughTe	· v
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BOTVEEN ONSET AND SEATH	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	· hisen	
		420.1 DUE TO 1		
		Conditions, if ony, which) (b)		
		gove rise to immediate cause		_
		(o), stoling the underlying OUE IO		
	z		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS	Y
2	CATION		PERFORMED?	
	FIC	200 EXTERNAL CALISE WAS 200 DESCRIBE HOW INHIBY OCCURRED A	YES NO	3
ł	CERTIFI	20g. EXTERNAL CAUSE WAS PRIMARY GOT CONTRIBUTING CAUSE OF DEATH.	Enter noture of injury in Port I or Port II of item 18.)	
Н		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 120f. (City or town) (County) (State	1
	WEDICAL	Hour o. m. While Not while foc	tory, street, office bldg., etc.)	
3	2	21. I certify that I took charge of the remains described about	ove, held an Autopsy , Inspection , Inquiry , ond find the	
٦			icide , Homicide , Undetermined couse .	101
		A Transfer Court of C	icide [], Homicide [], Onderermined couse [].	
		ACTUAL II DA BALL &	CHIEF MEDICAL EXAMINER T	
		SIGNATURE MARIA J. I STANKELL	M.U.	
2		EXAMINER'S FLANK J. BOSCHZAT	ASSISTANT MEDICAL EXAMINER TO CLUB 4 1957	
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town/or county) (Stote)	=
		REMOVAL (Specify) BURIAL 8/7/58 ROCK CREEK CEMI	ETERY WASHINGTON, D.C.	
ij	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE	-
	-	Jauner G. Pumphuly SILVER SPRIN	NG, MD. DATE AUG 6 '58 all eauch	

STORY MERICAL D. AMINER'S CHATRICATE OF DEATH Million 12 State C. Direction of Mark Artist to Mark Inflores Million Fit Mark 1997 and Mark Print 1997. MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Total Control	AND AND A POST TO A PARTY OF			

	9309		CERTI	FICA	ATE OF D	DEATH			Reg. Di	g. Dist. No.		
1. PLACE OF DEATH O. COUNTY	NTGOME	RY	MARY	LAND	A STATE	DENCE (Who		b. COUNTY	on: Resider	/ Go	MER.	ion)
b. CITY OR TOWN (III	f outside corporate limi		c. LENGTH OF STAY			TOWN (If or	tside corpor	ote limits, write R	URAL ond	give near	rest town	)
d. NAME OF HOSPIT.	AL (If not in hospital, g				d. STREET A	DDRESS		AVEN	IVE	•		DENCE FARM? NO
NAME OF DECEASED (Type or print)	Fir HAT	TIE	Middle M.	1	RAGSDA		4. DATE OF DEATH	Mor		Day 18		rear 958
S. SEX	6. COLOR OR RACE	7. MARR	DIVORCE		B. DATE OF BIRTH		75	9. AGE (In years last birthdoy)	Months Months	Days Days	Hours	R 24 HRS. Min.
00. USUAL OCCUPATION during most of work  HOUSE	ting life, even if retired	tone 10b.	Own Home	R INDUS		ACE (Stote of		ountry)	12. CI	TIZEN OF		COUNTR
3. FATHER'S NAME			N. GAST		14. MOTHER'S			ARRIET S	. MEY	ERS		
S. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO		MESON R			403 W SILVER			5/17	ROAZ
	mmediate (	)		57 IV	LE HEA	1		CORE		ONSE	YE	DEATH
20a, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURREC	D. (Enter nature o	f injury in P	ort I or Part	II of item 1B.)	EN IN PAR	RT 1(o) 19	PERFO	NO 2
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Yes	While	Not while of work	foc	ACE OF INJURY (I story, street, office	Home, form, bldg., etc.)	20f. (City	or town)	(	County)		(State)
21. I certify that I ottended the deceased from OCT. 10, 1957, to AUGUST 18, 1958, that I last sow the deceased olive on AUGUST 18, 1958, and that death occurred of 738M, from the couses and on the date stated obave.  ADDRESS (Street, city or town, state)  DATE SIGNED  ACTUAL SIGNATURE Damesa Robust M.D. 8907 GEORGIA AVE AUG. 18, 1958  PHYSICIAN'S JAMES A. ROBERTS  SILVER SPRING, MD												
20. BURIAL, CREMATION REMOVAL (Specify) Burial	Aug. 22 19		22c. NAME OF CEMI				-	ION (City, Iown,		ľ	(Stote	)
3. FUNERAL DIRECTOR'S	S SIGNATURE	xcy	ADDRESS Silver Si			24a. REC'D	BY REGISTI	24b. REGI	STRUES SI			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 pletely filled in by the funeral director, ers. Pages 1 and 2 should be filed with this certificate has been signed by the attending physician and may be relained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: A possible of the continuous permits and page 3 should be detached to use as the burial-transit permit. Then please remaye carban the registrar priar to burial, cremation, ar remayal, and in any event withing To make offer de

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VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

9193			CERTIFICATE OF DEATH			Reg. Dist. No.		
1. PLACE OF DEATH o. COUNTY  MONTO	OMERY		MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If in b. COL		re admission)	
RURAL ond give ne	foutside corperate lime carest town)	ils, write c. Ll	ENGTH OF STAY IN 16	1111	ulside corporate limits, w	rite RURAL and give ned	arest lown)	
	AL (If not in hospitol,	give street oddre	m + HOSP	d. STREET ADDRESS	CHOLSON	57.	e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)		nt RET	Middle JANE	REEVES	4. DATE OF	Month Do		
5. SEX	6. COLOR OR RACE		NEVER MARRIED   DIVORCED	8. DATE OF BIRTH 4-8-05	9. AGE (In ) lost birthe	vegrs IF UNDER I YEAR	Hours Min.	
100. USUAL OCCUPATION during most of work	DN (Give kind of work king life, even if retired	4) 1	OF BUSINESS OR INDI	SCOTA	or foreign country)	12. CITIZEN C	ADA	
13. FATHER'S NAME	MURDO	H		MARCARE	T COCHI			
15. WAS DECEASED EVE (Yes, no. or unknown)		RCES? 16. SOCI.	AL SECURITY NO. 17.	HOSpity/ Re	ards	Address		
	TH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (c	(7)	(0). (b). and (c).]	inse flee	eeree	IZT   OX	ERVAL BETWEEN SET AND DEATH	
541.0 Conditions, if or	DUE TO	_	34-oper	ature Sul	Statel for	streeter !	48 hou	
gove rise to it couse (o), stoting lying couse lost.		0 le	structure	Duo deva	l uleer	- 13	3 moutle	
CATIC			RIBUTING TO DEATH BU	PNOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	N GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO	
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURR	ED. (Enter nature of injury in P	ort I or Part 11 of item 16	3.)		
Y 20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	While	OCCURRED 20e. P	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City ar town)	(County)	(Stote)	
	at 1 ottended the	deceased fr		h occurred of 4 5	of from the course	258, that I lost so	aw the deceased	
ACTUAL SIGNATURE	Del &	File	seems	M.D. 8700 Cal	ADDRESS (Street, city or	town, state)	DATE SIGNED	
PHYSICIAN'S NAME (Type)	usle 1x	lillian	S MiD				0.00	
220. BURIAL, CREMATIO REMOVAL (Specify)	Day 18	1458 2	NAME OF COMETERY OF	OR CREMATORY  MISTOR CEMULIFIER	200 DOCATION (CIM)	own, or county)	(Stote) aryland	
23. FUNERAL DIRECTOR'S		su Car	ADDRESS DAIL (M) XIII	240. PEC'D		REGISTRAR'S SIGNATU	RE /	

	3606				Reg	Dist. No.	
1. PLACE OF DEATH o. COUNTY MO	ontgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary		COLINITY	sidence before odmission on tgomery	1)
b. CITY OR TOWN ( RURAL and give n Rockvi		c. LENGTH OF STAY IN 1b  5 Years	c. CITY OR TOWN (IF of Rock	utside corporate tim	its, write RURAL	ond give nearest town)	
OR INSTITUTION	TAL (If not in hospital, give stre	et oddress)	d. STREET ADDRESS 1622 Burr	is Rd.		e. IS RESIDE ON A FA YES N	ARM?
3. NAME OF DECEASED (Type or print)	ERNEST	B. RENN	INGER	4. DATE OF DEATH	Aug.	3, Day Yeo	58
5. SEX Male	Talle i + a	ARRIED M NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Dec. 29, 19		birthdoy) Moni	NDER I YEAR IF UNDER	24 HRS. Min.
10a. USUAL OCCUPATION during most of work Photogram	rking life, even if retired)	Gov t	Boyertown	-	12	U. S.	OUNTRY
Ernest E	B. Renninger		14. MOTHER'S MAIDEN N	ence Bi	rd		
1S. WAS DECEASED EVE (Yes. no. or unknown) Yes	ER IN U. S. ARMED FORCES? I (If yes, give wor or dates of service) - WW II	d - 0	oan I. Renn	inger	Address Same	e as Item	2.
	the under-	Loronar	y ocal	ficier Toris	n cey	INTERVAL BETWONSET AND DE	
20a. ACCIDENT W.		IS CONTRIBUTING TO DEATH BUT				PERFORM	
20c. TIME OF INJUS Hour o. m. p. m.	Whi		ACE OF INJURY (Home, farm, clory, street, office bldg., etc.	20f. (City or tow	n)	(County)	(Stote)
21. I certify the alive an	w. G. Hall	ased fram. Fibrua	M.D. E/SW Mont	M, from the ADDRESS (Street, cit	causes and a by or town, stote) e Confus	ille ful 8-	
220. BURIAL, CREMATIC REMOVAL (Specify Burial	8-5-58	2c. NAME OF CEMETERY O Arlington	R CREMATORY Nat'l Cem.	22d. LOCATION (C Arling	ity, town, or count ton, Vi	nty) irginia.	
23. FUNERAL DIRECTOR ROBERT A	A. PUMPHREY	Bethesda, M	Id . PATE AU	BY REGISTRAR G 5 158	246 REGISTRAR	S SIGNATURE	

ompletely filled in by the funeral director, appers. Pages I and 2 should by filled with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 for use as the burial-transit permit. Then please remove carbo, cremation, ar removal, and in any event within 72 hours ofter de ter this certificate has been signed by the attending physician may be retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: Yet this certificate has been si poge 3 should be deta VS A15 (4) 15M 9/55

TE OF DEATH	
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1	3134	CERTIFICA	ATE OF DEATH  Reg. Dist. No.
1.	PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Man
Г	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Takoma Park Md.		xChery Chase.
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	Hasintal	d. STREET ADDRESS  6. IS RESIDENCE ON A FARM? YES   NO
3.	NAME OF First	Middle	Last 4. DATE Month Day Year
	(Type or print) Herbert	Henry	Rice DEATH august 14 1954.
5.	SEX 6. COLOR OR RACE 7. MARE	HED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   lost birthdoy)   Months   Days   Hours   Min
	Male Caux WIDOWI		6 - 16 - 99   lost birthdoy) Months Days Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	
	Attorney at June Dent.	of Defense	Washington, D. C. 4. States
13	FATHER'S NAME	UI DETERME	14. MOTHER'S MAIDEN NAME
1	lenvy J. Rice		Annie Atwell
		SOCIAL SECURITY NO. 17.	INFORMANT Address Chevy Chase, M
1	(If yes, give war ar dates of service)	M	rs. Vera C. Rice :- 2818 Spencer Rd.
F	18. CAUSE OF DEATH [Enter only one couse per lie		INTERVAL/BETWEEN'
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	a stual	Costrue d'Ilalen ONSET AND DEATH
	6/0 X DUE TO		to de la
	Conditions, if ony, which ) (b)	Morrale	apre bissologogni 3 got
ı	gove rise to immediate couse (o), stating the under-	, ,	i a d
L	lying couse lost. (c)	- pro-	and 140ml 1 hours 10-12 de
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS O	ONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NO 19. WAS AUTOPSY PERFORMED?
		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port ( or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. It	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,   20f. (City or town) (County) (Stole)
ARD A	Hour o. m. While of world worl		octory, street, office bldg., etc.)
1	21. I certify that I attended the decease	2 79	- 105 64-114 10564
	clive on 3 - 14 - 5 19		193, to 7, 193, that I last saw the deceased
	0:	, unu mar deam	accurred at M, fram the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED
	ACTUAL SIGNATURE	Eggmil.	123584
			M.D.
	PHYSICIAN'S Oliver E. Thom	pson	work BC:
22	o. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	Burnal 8/18/58	Arlington	
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	Nat'l Cem. Arlington, Virginia  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	The S. H. Hines Compa	ny-Washingt	on, DC DATE AUG 1 8 '58 Cothun & Kraus

TO HOSPITAL OF. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and compage 3 should be detached for a single burial-transit permit. Then please remave carbon paped the registrar prior to burial, crevation, or remayal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

ly filled in by the funeral director, Pages 1 and 2 should be filed with

A Thomas with the contract of DESCRIPTION OF THE PROPERTY OF THE PARTY OF Witten and the Windshift and The late of the control of the contr

# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR for the this certificate has been signed by the ottending physician of completely filled in by the funeral director, page 3 should be deto if for use as the buriol-transit permit. Then please remove corbo copers. Pages 1 and 2 should be filled with the registror prior to buriol, cremotion, or removal, and in any event within 72 pages death.

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9310

**CERTIFICATE OF DEATH** 

10395.

								ag. Dist. I	10.	-
PLACE OF DEATH     COUNTY		44 4 8 9 4 4		o. STATE		ere deceased lived	d. If institution:	Residence be	efore admission)	
Montgomery		MARYLA			yland		b. COUNTY Pr			
<ul> <li>CITY OR TOWN (If outside corporate RURAL and give nearest town).</li> </ul>	limits, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TO	WN (If ou	stside corporate li	imits, write RUR/	AL ond give i	nearest town)	
Bethesda (Rural)		3 days		Che	verl;	У	163	8,2		
d. NAME OF HOSPITAL (If not in haspite OR INSTITUTION	I, give street	oddress)	14.1	d. STREET AD					e. IS RESIDENE	
U.S. Naval Hospital	, Beth	nesda, Md.		241	8 Lal	ke Ave.	11193		YES NO	
3. NAME OF DECEASED (Type or print) Pea	First	Middle Proffi	i t	RIDLEY		4. DATE OF DEATH	Month August	_	Day Year	58
		RIED NEVER MARRIED		ATE OF BIRTH		9. AC			AR IF UNDER 24	
Female White	WIDOW	/ED DIVORCED	29	9 March		7 7	t birthday) N	lonths Day		in.
Oa. USUAL OCCUPATION (Give kind of wedlering most of working life, even if ret	rk done 10b	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLA	CE (Stote o	or foreign country	)	12. CITIZEN	OF WHAT COU	NTRY?
Housewife	leaj	Housewife				ard Isa.		U.	S.	
3. FATHER'S NAME			14	. MOTHER'S M	AIDEN N	AME		MEDI		
James H. Proffit				Charlot	te C	rozier				
S. WAS DECEASED EVER IN U. S. ARMED		SOCIAL SECURITY NO.	17. INFOR	RMANT			Address			
(Yes, no. or unknown)  [If yes, give wor or date  [IB. CAUSE OF DEATH [Enter only on-	]	2-26-5735	(Daug	ghter)	Mrs.	Charlot	te R. W	alkins	(Same A	18#6
PART I. DEATH WAS CAUSED & IMMEDIATE CAUS  Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost.	TO (b) (c)		200	asis	ر	luse			S day	10
PART II. OTHER SIGNIFICANT OF THE SIGNIFICANT OF TH			1/=					IN PART 1(0)	19. WAS AUTO PERFORMED YES NO	)?
	20b. DES	SCRIBE HOW INJURY OCC	URRED. (En	nter noture of i	njury in P	ort I or Port II of	item 18.)			
≥ p. m.	9 While of wo	Not while	tactory,	street, office b	me, form, ldg., etc.)	20f. (City or to	wn)	(Count	(S	tole)
21. I certify that I attended to alive an 24 August  ACTUAL SIGNATURE PHYSICIAN'S James M. Young Tanks Make (Type)	he decear 19 Jung, ]	Mount	eath acc	U.S. N	2:30 aval	DDRESS (Street, o	causes and city or town, store 1, Beth	l an the d	Md. 8-2	bove.
220. BURIAL, CREMATION, 22b. DATE THE REMOVAL (Specify) 8-29-58		22c. NAME OF CEMETE Forrestda:				22d. LOCATION (			(Stote)	
3. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	14	2	4o. REC'D	BY REGISTRAR	24b. REGISTRA	AR'S SIGNAT	URE	
Francis Gasch & Son	s, Hys	attsville, Me	aryla:	nd	ATE AU	G 2 6 '58	art	my 8. 40	rall	

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VS A1S (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
9313	CERTIFICATE	OF	DEATH	P

### **CERTIFICATE OF DEATH**

09307

Ren. Dist. No.

				wag. Dist.	110,
1. PLACE OF DEATH o. COUNTY MONT GOMERY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARYLA	1 0	institution: Residence OUNTY MONTG	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING	c. LENGTH OF STAY IN 1b 20 years	c. CITY OR TOWN (IF o	utside carporate limits, R SPRING	write RURAL and give	e nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION 8803 2nd Ave		d. STREET ADDRESS 8803 2nd	Avenue		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) OLIVER	Middle C	Lost SABIN	4. DATE OF DEATH	Month AUGUST	Day Year 6 1958
S. SEX 6. COLOR OR RACE 7. MAR WHITE WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 8/31/74	9. AGE (1 lost bir 73	41 1 1	YEAR IF UNDER 24 HRS. Dys Hours Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer & Painter Wa	sh. Gas Light		ar fareign country)	12. CITIZE	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N			4-34-3
Corwin Sabin			unl	known	
(Yes, no, or unknown)   III yes, give wor or dates of service)	77.00	rs. F. L. Good	dwin, 8803	Address  2nd Ave.	
Canditians, if any, which gave rise to immediate cause (a), stating the under. lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING  20b. DEST	Dementia CONTRIBUTING TO DEATH BUT	Pracop NOT RELATED TO THE TERMIN	nal disease conditi	ON GIVEN IN PART 1(	10 WY  19. WAS AUTOPSY PERFORMED? YES NO 1
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Part II of item	18.)	1.13 1.00
20c. TIME OF INJURY Month, Day, Year 20d. While Pp. m. 19 of wa	Not while for	ACE OF INJURY IHome, form, tory, street, affice bldg., etc.	20f. (City or tawn)	(Cou	nty) (State)
21. I certify that I attended the decearative an arry, 5, 19.  ACTUAL SIGNATURE	Sed from Jan 58, and that death Leslie			uses and an the	date stated above DATE SIGNI
PHYSICIAN'S FRANK G. LESLIE  20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	D COEMATORY	224 1054 1054	any	6.58
REMOVAL (Specify) BURIAL 8/8/58	FT. LINCOLN		22d. LOCATION (City, PRINCE GE	O. COUNTY.	(State) MD.
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS SILVER SPRING	24g. REC'D	BY REGISTRAR 24	REGISTRAR'S SIGN	

Commence of the Commence of th And the property of the Land States of the Control The development to troppe were place processed to the Julynos 168531 and Germanty Haway 1 - 2 - 2 - 3 ger i son strange in son a lange English Delivering 8401 for the dilater from the 40 8 233 The state of the s The later of the party of the later of the l

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Ή

314	CERTIFICATE OF DEAT	ľ
		=

09308 Reg. Dist. No.

o. COUNTY  Montgome		MARYLAND		usual residence (Whoo, STATE Maryland	nere deceased	l lived. If institution b. COUNTY	on: Residence	before adm	nission)
b. CITY OR TOWN	N (If outside corporate limits,	write c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If o	outside corpo	rote limits, write R	JRAL ond giv	ve nearest la	wn)
RURAL ond give Bethesda	/	4 days		Rockville	26		53D.	· ·	100
d. NAME OF HOS	SPITAL (If not in hospital, give		-	d. STREET ADDRESS	1			e. 15 R	ESIDENCE
U.S. Nave		MC Pothogde Md	H.	Circle Driv	re Cle	nn Hille			A FARM?
3. NAME OF		MC, Bethesda, Md.	11						
DECEASED	First	Middle	LOTTA	last	4. DATE OF	Mon		Day	Yeor
(Type or print)	John			अध्यक्ष	DEATH	Augus		17	19 58
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF UN	
Male	11121111 00	IDOWED DIVORCED		May 1871		87 yrs.		. 11001	S MIN.
10a. USUAL OCCUPA	ATION (Give kind of work done	Bellman Brook	USTRY	11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZ	EN OF WH	AT COUNTRY
Special po	olice Officer	Paper Company		Germany			U.	S.	
13. FATHER'S NAME			14	MOTHER'S MAIDEN N	IAME			600	
Leonard S	SCHARRER			Christine (	(Last	name unki	nown)		
	EVER IN U. S. ARMED FORCES	12 16. SOCIAL SECURITY NO. 17.	INFO		(Dab o	Addr			
(Yes, no. or unknown)	(If yes, give wor or dates of service	e)			te HAL	1-	ame as	#2)	
No	1		Ja ug	nuer) Anec	חליוו סט	п (р.	AIIL OF	.,,	
		per line for (o), (b), ond (c).]						ONSET AN	
420.0	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Arteriosclerotic	: He	art Disease	9			ye	ears
420.0	DUE TO							10/1189	
Conditions, it	fony, which ) (b)	Arteriosclerosis	s, G	eneralized				yes	ars
gove rise to		*			7100 Y				
lying couse lo	ng the under-	Cerebral Arterio	sel	erosis					
	(-)	IONS CONTRIBUTING TO DEATH BE			NAI DISEASI	CONDITION GIV	FN IN PART	1(a) 19 WA	S AUTOPSY
PA					THE DISENSE	. combinion on	LITHIANA	PER	FORMED?
200 ACCIDENT	WAS UNDERLYING 20t	DESCRIBE HOW INTIMES OCCUR	DED /E		Park I as Park	11 -6 (4 10 )		YES [	□ NO TOK
☑ OR CONTRIBUTUR	NG CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURI	KED. (EI	ner notore of injury in r	ron i or ran	ii or iiem io.)			
		20d. INJURY OCCURRED 20e.	PLACE	OF INJURY (Home, form	206 (City	as town)			161.1.1
20c. TIME OF INJ		While Not while	factory,	street, office bldg., etc.	.)   201. (City	or rown)	(Co	ounty)	(Stote)
	n.	ot work of work			1				
21. I certify	that I attended the de	eceased fram. 13 Augus	st_	, 19.58 , ta 1'	7 Augu	st 1958	,that I la	ist saw th	e deceaser
alive an 1	7 August	19 58 1, and that dear	th acc	curred at 1230	P.M. from	the causes a	nd on the	date str	ated above
		. 1				reet, city or town,			DATE SIGNE
ACTUAL	Wer us Wa	alon-		U.S. Naval	Hospi	tal. Bet	hesda	Md. 8	-17-58
SIGNATURE			_ M.D.						
PHYSICIAN'S NAME (Type)	A. MIALE JR. I	LT MC USN		U.S. Naval	Hospi	tal, Bet	hesda	Md.	
220. BURIAL, CREMAT		22c. NAME OF CEMETERY	OR CR	MATORY	22d. LOCAT	ION (City, town, o	r county)	(St	lote)
REMOVAL (Speci	8-21-58	George Washin	ngto	n Memorial	Park	Paramus	Ne	w Jer	sey
23. FUNERAL DIRECTO	OR'S SIGNATURE THE	H. THADORESSON			D BY REGIST		TRAR'S SIGN		-
S.H. HINE	s, 2901 14th S	Street N.W. Wash:	ingt				Lun 8 90	raud	
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CERTIFICATE	OF	DEATH
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5.5	CERTIFICATE O	F DEAT

Reg. Dist. No.

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1,	PLACE OF DEATH o. COUNTY  Montgomery		MARYLAND	O STATE .	ence (Whe	nd	d. If institution b. COUNTY		e before ode	
	b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)  Bethesda	s, write	c. LENGTH OF STAY IN 16	c. CITY OR T		atside corporate I	imits, write R	URAL ond gi	ve nearest t	own)
-	d. NAME OF HOSPITAL (If not in hospitol, given institution Suburban		oddress)	d. STREET A	DDRESS	1			10	RESIDENCE N A FARM? NO M
3.	NAME OF First DECEASED (Type or print) Howa)		Middle	losi Schan	berge	4. DATE OF T DEATH	Mon Au	m gust	Doy 19	Yeor 19 58
5.	SEX   6. COLOR OR RACE   White	7. MARE	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH		9. A0	SE (In years at birthday) 80 yrs.		YEAR IF UP	NDER 24 HRS.
	On. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) Retired		KIND OF BUSINESS OR INDU Machinist	stry 11. airthpu Readi	ng, P	ennsylva	1		S.A.	HAT COUNTRY?
13	Charles Schanberge	200		14. MOTHER'S			olen oven			
15	5. WAS DECEASED EVER IN U. S. ARMED FOR (es. no. or unknown) (If yes. give wor or dates of se	4.0		informant So . Howard	n	herger .	Addi	*** <b>5</b> 811	Ridge	eway Ave
CEPTIEICATION	DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONE  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OITIONS (	CONTRIBUTING TO DEATH BU	Off	20-2	Jac Co	5	EN IN PART		RFORMED?
MEDICAL		While		LACE OF INJURY (Foctory, street, office		20f. (City or to	wn)	(Co	ounty)	(Stote)
	21. I certify that I attended the alive an August  ACTUAL SIGNATURE AT LAUF  PHYSICIAN'S ART LAUF  20. BURIAL, CREMATION, 226. DATE THEREO	19.3	ed from 29 July 38, and that death WileTs  12c. NAME OF CEMETERY OF	м.b. 909 Sil	# 157 Pers ver S	- / /	couses of city or town,	nd an the	8/1	he deceased ated abave. DATE SIGNED 9/58
	REMOVAL (Specify) 8/22/5	8	Ft. Linco			Swide				County
23	FUNERAL DIRECTOR'S SIGNATURE	D-4	ADDRESS Mossella	nd		BY REGISTRAR		TRAR'S SIGN		rn.
L	Robert A. Pumphrey	Be1	thesda, Maryla	IId	DATE	36 1 2 10		arthur &	1. Those	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4" impletely filled in by the funeral director, pers. Pages I and 2 should be filed with oth. moy be retained by the haspitol or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician any page 3 should be detacted for use as the burial-transit permit. Then please remove corbothe registror prior to burial, cremotion, or removal, and in any event within 72 hour offer detacted. VS A15 (4) 15M 9/55

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VS. A15ME(5) 5M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9316

			0	9	3	1	()
Reg.	Dist.	No.					

-												
1. [	PLACE OF DEATH				O STATE			ed lived. If Instit		lence be	fore adm	ission)
_		tgomery		MARYLAN	ID	Maryl	Land	B. COON	Mon	ntgo	mery	r
6	o. CITY OR TOWN (I and give nearest town	If outside corporate limits, writen)	e RURAL	c. LENGTH OF STAY IN 1	b c. CITY O	R TOWN (IF	outside corp	porole limits, write	RURAL on	d give n	earest to	wn)
	Chevy Cha	ase		10 yrs	X	Chevy	Chase	9				
0	. NAME OF HOSPIT	TAL OR INSTITUTION (	If not in hos	pital, give street address)	d. STREET	ADDRESS						ESIDENCE A FARM?
		ware Street			681	Dela	aware	Street				NO
	NAME OF DECEASED	Fir	st	Middle	Lo		4. DATE OF	Mon	th	Day	1	feor
	(Type or print)	MILTON		C	SCHEI	RR	DEATH	Aug	ust	16	1	9 58
5. \$	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRT	Н		9. AGE (In years last birthday)				ER 24 HRS.
	Male	White	WIDOWED	DIVORCED	June 4.	1884	1	711 yrs.	Months	Days	Hours	Min.
10a	. USUAL OCCUPATI	ON (Give kind of work	done 10b. K	IND OF BUSINESS OR IND				ountry)	12. CIT	IZEN O	F WHAT	COUNTRY
		ng life, even if retired) Co-Retired			Marra	rland	1 0.00		1	US		
$\overline{}$	FATHER'S NAME	00-200 022 04			14. MOTHER'S		NAME					
	Jula	is Sherr			1	alemi	Sieve	ne				
	WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17	. INFORMANT	MINATE	DIGAG	Addres	3			
	, no, or unknown)	(If yes, give war or dates of		8-07-1977	Transma T 6	710	harabh.			3		
	Vo I	mis Fe a la l			Henry L S	onerr,	proun	er, same	as 20			
		TH [Enter only one country one	ise per line i	far (a), (b), and (c).	. 19	. 0	-			ONSI	ET AND DE	ATH
	TAKI I. DEA	IMMEDIATE CAUSE (6)		Ceron	en O	cell	isen	7		1	2 K	1.
	420.1	DUE TO		~!	V							
	Conditions, if o			arterio.	sclar	ses						
	gove rise to imme (o), stoting the											
	couse lost.	(c)										
Z	PART II. OTI	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMI	INAL DISEASE	CONDITION GI	VEN IN PAR	T 1(o) 1	9. WAS	AUTOPSY
ATIC											PERFC	NO 17
IFIC	20g. EXTERNAL CA	USE WAS 20	b. DESCRIBE	HOW INJURY OCCURRED	(Enter nature of i	niury in Parl	t Lor Port II	of item 181		-		NO E
CERTIFICATION	20g. EXTERNAL CAI PRIMARY OF CO CAUSE OF DEATH.	NTRIBUTING				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 01 1011 11	01 116111 10.7				
3	20c. TIME OF INJU	RY Month, Day, Yes			LACE OF INJURY	Home, form	20f. (City	or town)	(Co	unly)	1-6	(Stote)
MEDICAL	Hour o. m.	19	While of wor	rk ot work	octory, street, offici	blag., etc.	)					
		hat I took charae		emains described al	bove, held an	Autons	v   ]r	spection 🗸	Inqui	rv 🔼	fond	find that
			,	Accident . S				determined			rana	ma mai
	/	700	1 0	7								Toronto.
	ACTUAL SIGNATURE	John s.	Fall		M.D. CHIEF	MEDICAL EX	CAMINER -		31	1		SIGNED
	//					NT MEDICA	AL EXAMINE		160	rug	195	8-
	EXAMINER'S NAME (Type)	John G. Bal	1		DEPUTY	MEDICAL E	EXAMINER E	3		-		
220.	BURIAL CREMATIC	ON, 226. DATE THEREC		22c. NAME OF CEMETERY				ION (City, town,	or county)		(Stat	0)
	REMOVAL (Specify)	1 - 1 - 1 - 1 - 1		East Oak Gro	VA			gantown,		mai		
	FUNERAL DIRECTOR			ADDRESS	<b>V</b> G	24a, RFC'I	D BY REGISTI		ISTRAR'S SIG			
	bert A. H		Bathas	sda, Maryland			1 9 '58				70.0	
700	DOGI O M. I	muhitte'à	Te niles	rai yiaiu		DATE	50	Cer.	hung &	Thous	l.	

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				Market Name and Address		LIVE & S. CAMBRA	
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			Part . Fris.			24 (2)	
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### HEALTH DEPT.

the funeral director. Page be retained for your files. the State Board of Health, iter death.

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VS	. A	15	ME	or its designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs after
5	M:	2/5	57	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9195

09311 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence on STATE Maryland b. COUNTY Mont	
b. CITY OR TOWN (II outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and give negrest town) Takoma Park	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 7620 Maple Ave. Apt. 436	d. STREET ADDRESS / 7620 Maple Ave Apt. 436	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle (Type or print) James Emmett Shea	Lost 4. DATE Month OF DEATH Aug. 8, 1958	Doy Year 19
5. SEX 6. COLOR OR RACE 7. MARRIED 3 NEVER MARRIED 6. White WIDOWED DIVORCED 6.		YEAR IF UNDER 24 HRS. ays Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST Bldg. Contr. (Ret. ptired) Gen. Bldg. Trades	RY 11. BIRTHPLACE (Stote or foreign country) Pennsylvania USA	EN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Bernard Shea	Mary Ann Welch	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address	
E	va F. Shea same as #2	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  OUE TO  Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying  DUE TO	n	INTERVAL BETWEEN ONSET AND PEATH SUCCE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO 3
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, form, 20f. (City or town) (Country, street, office bldg., etc.)	(State)
21. I certify that I took charge of the remains described about opinion death resulted from: Natural causes . Accident [		
SIGNATURE Frank J. Brosstrast	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Frank J Broschart	DEPUTY MEDICAL EXAMINER \$ 8/8/58	
270. BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Specify) 8/11/58 Beahm's Cha	enel Com Tames V	(Stole)
The S.H. Hines Company 2901 14th Washington	St. N. W. REC'D BY REGISTRAR 245. REGISTRAR'S SIGN	NATURE

	TARRASTO STATE OFFICE	
CERTIFICATE OF SEATH	ROICAL EXAMINER'S	
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District to the same of		
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	3317		CERTIFICA	TIE OI DEATH			Reg. Dist	. No.	
1, PLACE OF DEATH o. COUNTY  Mon	tgomery		MARYLAND	2. USUAL RESIDENCE (Who o. STATE  West Virg	Death and the	d. If institutio b. COUNTY	n: Residence	before adm	nission)
b. CITY OR TOWN ( RURAL ond give n	If outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate l	imits, write RL	JRAL and gi	ve nearest to	own)
Bethesda			88 days	Matoaka		8.5	X = 3		
OR INSTITUTION	TAL (If not in hospital, g	ive street	thesda 14, Md.	d. STREET ADDRESS				ON	RESIDENCE
				Star Rout				YES	□ NO 🍱
3. NAME OF DECEASED (Type or print)	Wil	y	Middle Edward	Shrewsbury	4. DATE OF DEATH	Augu		8,	1958
5. SEX	6. COLOR OR RACE	7. MARR	ELED NEVER MARRIED	B. DATE OF BIRTH	9. A	GE (In years			NDER 24 HRS.
Male	White	WIDOWI	DIVORCED DIVORCED	May 21, 189	8 (	st birthdoy) 50 yrs.	Months	Doys Hou	rs Min.
10a. USUAL OCCUPATION during most of wor Coal Min	king life, even if retired	done 10b.	Mining	West Vi		1)	_	S A	AT COUNTRY?
13. FATHER'S NAME	.01		***************************************	14. MOTHER'S MAIDEN N					
Henry W.	Shrewsbur	v		Annie M					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT The Med	igal Pa	and Addre	ess		
No No	(If yes, give war or dates of s		scertainable	The Clinical				4, Mar	ryland
		use per li	ne for (o), (b), and (c).]					INTERVAL	BETWEEN ND DEATH
A .	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	)	Respirato	ry failure					vk.
200.0	DUE TO								
Conditions, if o		)	Silicosis	& pulmonary	reticulu	um cell	sarc	oma 1	yr.
gave rise to i couse (o), stating									
lying couse lost.	) (c			cell sarcoma				1	yr.
PART II. OTH	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CO	NDITION GIVE	EN IN PART	PER	AS AUTOPSY RFORMED?
	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRED	). (Enter nature of injury in P	ort I or Part II of	item 1B.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	20d. If While of work	Not while foc	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or to	own)	(Co	ounty)	(Stote)
21. I certify th	at I attended the	deceas	ed fram May 12	, 1958 , ta A	ugust 8	1958	that I la	ist saw th	ne deceased
alive an	August 8	., 195	8, and that death	accurred at 9:43	AM, from the	e causes a	nd an the	e date sta	ated abave
	1. 10	0	Tolo	A	DDRESS (Street,	city or town, s			DATE SIGNED
SIGNATURE	haghai	1	· loker	M.D. The Cli	nical Co	enter			8-8-58
PHYSICIAN'S NAME (Type)	Nathan S.	Tayl	or, M. D.	Nationa Bethesd	l Instit	tutes o		1th	
220. BURIAL, CREMATIC	IN, 22b. DATE THEREC	F	22c. NAME OF CEMETERY OF		22d. LOCATION			10	tote)
urial-Trans	it 8-12-5		Matoka	. 4	Matoka			rginia	
23. FUNERAL DIRECTOR			ADDRESS	24g. REC'D	BY_REGISTRAR	24b. REØ18			
Robert, A. P.	umphreur	В	ethesda. Marvl	and ALLC 1	BY REGISTRAR	7/ 8	of	1 / 0	4

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page 4 tely filled in by the funeral director, Pages 1 and 2 should be filled with TO FUNERAL DIRECTOR: After the continuous physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and compage 3 should be detached use as the burial-transit permit. Then please remove carban pay the registrar priar to burial, vemation, or remayal, and in any event within 72 hours ofter death. VS A15 (4) 15M 10/57

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## TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, Page may be retained by the hospital at attending physician. TO FUNERAL DIRECTOR: For this certificate has been signed by the attending physician and impletely filled in by the funeral director, page 3 shauld be detact. for use as the burial-transit permit. Then please remove carbon, apers. Pages 1 and 2 shauld be filed with the registrar prior to burid, cremation, at removal, and in any event within 72 hours offer death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9318

**CERTIFICATE OF DEATH** 

				MEN. DIST. 14	V-
1. PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (When	e deceased lived. If in b. COL		fore admission)
	TH OF STAY IN 16	c. CITY OR TOWN (IF out	side corporate limits, w	rite RURAL and give n	earest town)
RURAL and give nearest town)	J hrs	Washing	2 400/	47x.	- 3
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ALTA VISTA. RES	+ Hone	d. STREET ADDRESS A	st.n.u		ON A FARM? YES NO
3. NAME OF DECEASED First  (Type or print)  JENNIE	Middle Carte	Simpa	4. DATE OF DEATH	Month C	Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED NE WIDOWED	DIVORCED [	B. DATE OF BIRTH	9. AGE (in y lost birthe	ears UNDER 1 YEA ay) Months Days yrs.	Hours Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole of Unknown	r foreign country)	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	10/1	
William Parter		JONNIE	Grece:	/	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE	CURITY NO. 17. II	MES JENNIE	Cartes	Address Simo	4
18. CAUSE OF DEATH [Enter only one couse per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PUT TO DUE TO	nam Er	npalization	n	IN	TERVAL BETWEEN NSET AND DEATH
Canditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last.	monalle	21200			
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIEY MEDICAL EXAMINER)	TING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	WINJURY OCCURRE	). (Enter noture of injury in Pa	irt I ar Part II of item 18	3.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OC While Not work of work	witile foo	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(Count	y) (State)
21. I certify that I attended the deceased from alive on 1958.	1 1	, 1958, to 8 occurred at 7.55 P			saw the deceased
ACTUAL SIGNATURE PROPER COLOR	s.		DDRESS (Street, city or the		the DC 9/28
PHYSICIAN'S Prokopes Colevas	\$				
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NA.	ME OF CEMETERY OF	R CREMATORY National Ce	m. Ft. My	own, or county) er, Va.	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE 2901 ADD	gton 9,	N.W. 240. REC'D		REGISTRAR'S SIGNAT	

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9319

CERTIFICATE OF DEATH

09314

							wed. Dist. L	10.
1. PLACE OF DI o. COUNTY	Mont	gome.	MARYLAN	2. USUAL RESIDENCE (W o. STATE MARYLA	Of the state of th	b. COUNTY		efore admission)
b. CITY OR T	OWN (If outside carps d give pearest town)	fote limits, write	LENGTH OF STAY IN	. 51	outside corporate		JRAL and give	nearest town)
d. NAME OF OR INSTIT	HOSPITAL (If not in her tution 2728 RA	ospitol, give street of NDOLPH R	oddress) OAD	d. STREET ADDRESS / 2728 RANI	OOLPH RO	AD		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or prin	in De 1	With !	Talmade	o Smith	4. DATE OF DEATH	Mont	h	Day Yeor
S. SEX MALE	6. COLOR O		TED NEVER MARRIED [	7/11/05	9.	AGE (In years lost birthday) 63 yrs.	Months Day	
Accol	t of working life, even untant - Ge	if retired)	KIND OF BUSINESS OR IN nting U.S. G	OV't NORTH CA		try)		OF WHAT COUNTRY
13. FATHER'S NA				14. MOTHER'S MAIDEN				
	AHAM LINCOI			LULA	BROWN			
15. WAS DECEA (Yes, no. or unknow) YES	(If yes, give wor o	dates of service)		rs. Nina Pearl	Smith,	Addr 2728 Ra		Road
gove ris	ns, if ony, which e to immediate stating the under-	DUE TO  (b)  DUE TO  (c)	Cronong Artonissolo	occlesion	Port	'alisa	6000	
ZOD. ACCID OR CONTRI (IF EITHER,	TII. OTHER SIGNIFICA	nt conditions of	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
	DENT WAS UNDERLYING TO CAUSE OF NOTIFY MEDICAL EXA	DEATH	CRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Port I or Port II	of item 18.)		
	o. m. Nome	While	NJURY OCCURRED 20ek Of work	PLACE OF INJURY (Home, farm factory, street, office bldg., etc	n, 20f. (City or	tawn)	(Cauni	ty) (State)
21. 1 cer	tify that I attend	ed the decease	ed from 2/35/3	19.55°, to	8/10	1950	that I last	saw the decease
alive an		9 , 19	5 d, and that de	ath accurred at 102				date stated above
ACTUAL	John	13.6	Instran	M.D. 8805	ADDRESS (Stree	7. Ay	(P.	B/10/S
PHYSICIAN NAME (Typ		v 3	P. UMH	AU Che	4 Ch	250	15,	md
220. BURIAL, CR REMOVAL BURIAL	REMATION, 22b. DATE (Specify) 8/13/		22c. NAME OF CEMETER ARLINGTON	Y OR CREMATORY NATIONAL CEMETE		N (City, town, o		(Stote)
23 FUNERAL DI	rector dignature	sheey:	ADDRESS SILVER SPRING	240. REC	D BY REGISTRAL	24b. REGIS	TRAP'S SIGNAT	1. Trans.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 TO FUNERAL DIRECTOR: A page 3 should be detached the registror prior to buriol, cr VS A1S (4) 1SM 9/SS

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09315

	9320		CERTIFIC	AIE OF L	EAIR		Reg. Dis	t. No.	
1. PLACE OF DEATH a. COUNTY	mery		MARYLAND	I a STATE	DENCE (Where dece			e before ad	mission)
RURAL and give	nearest town)	ts, write c. LENG	days	c. CITY OR T	OWN (If outside of	orporote limits	, write RURAL and a	ive nearest	lown)
	ITAL (If not in haspital, a	ive street oddress)	7/	d. STREET A	DDRESS D#3	1		0	N A FARM?
3. NAME OF DECEASED (Type or print)	Fann	v Gert	Middle	3mirh	OF		Month	Doy 24	Yeor 19 5 8
5. SEX	6. COLOR OR RACE	7. MARRIED N	DIVORCED	B. DATE OF BIRTH	9.1873	9. AGE (	ab de W		
during mast of wa	rking life, even if retired	dane 10b. KIND OF	BUSINESS OR INC	OUSTRY 11. BIRTHPL	ACE (State or foreign	gn cauntry)	12. CITI	ZEN OF W	AT COUNTRY
13. FATHER'S NAME	memer	Enes	5	14. MOTHER'S	MAIDEN NAME	8 4-7			
15. WAS DECEASED EV			SECURITY NO. 17.	INFORMANT	mith. 9	2321	Address ////a Dr.	Roth	ox/a.14
	ATH WAS CAUSED BY:	Ciliana	(b). ond [3].] Since Mills	stud	Bleedi	ug		INTERVAL ONSET A	BETWEEN ND DEATH
gove rise to cause (a), stating	immediate but to	CAC	zastu	že –		/		20	lais
NOTE OF ANT III OF	CREETH	RFORMED?							
20c. TIME OF INJU	RY Manth, Doy, Yes	While Nat	while	PLACE OF INJURY (Factory, street, affice	Hame, form, 20f.	(City or tawn)	(C	ounty)	(Stote)
21. I certify to alive an	15M	deceased from	get		710 M.	ram the co	auses and on th		
220. BURIAL, CREMATI REMOVAL (Specifi Cremation				OR CREMATORY	1			,	State)
23. FUNERAL DIRECTO Robert A	e's signature Pumphrey-	Bethesda,	DRESS Md •		24a. REC'D BY REDATE AUG 2 6	GISTRAR 2			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached or use as the burial-transit permit. Then please remove carbon is the Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 harfs after death. VS A15 (4) 15M 9/SS

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### TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 upletely filled in by the funeral director, ers. Pages 1 and 2 shauld be filed with may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and I page 3 should be detache or use as the burial-transit permit. Then please remove carbon the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after dear

VS A15 (4) 15M 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9321

CERTIFICATE OF DEATH

0047			Reg. Dist. No.
n. PLACE OF DEATH o. COUNTY Mont gomery	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE District of Column	l lived. If institution: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor	rote limits, write RURAL and give nearest town)
Bethesda	42 days	Washington 17	16 X - 2
d. NAME OF HOSPITAL (If not in hospitol, give street or INSTITUTION		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Bethesda 14, Md.	6404 Buchanan	
3. NAME OF DECEASED (Type or print) Raymond	Middle William	Snyder 4. DATE OF DEATH	August 25, 19 58
S. SEX 6. COLOR OR RACE 7. M.	THE PARTY OF THE P	8. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min.
Male White WIDO	WED DIVORCED T	ay 20, 1906	52 yrs. Months Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done Induring most of working life, even if retired)	Db. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign co	ountry) 12. CITIZEN OF WHAT COUNT
Offset Plate Maker	Government	New Jersey	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William Snyder		Ida Roberts	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown)   (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. II	NFORMANThe Medical Re	ecord Address
Yes WW II	unknown Th	e Clinical Center,	Bethesda 14, Maryland
292,4 DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  CAUSE (a)  DUE TO  DUE TO  (c)		of Septromia	2 weeks
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	E CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YEAR NO
	ESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port 1 or Port	II of item 18.)
Hour o.m. Wh	ile Not while for	ACE OF INJURY (Home, form, 20f. (City tory, street, office bldg., etc.)	or town) (County) (State
21. I certify that I attended the dece alive an August 25, 19  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Peter S. Mile  220. BURIAL, (REMATION, 22b. DATE THEREOF REMOVAL (Specify)	00 9 M.D.	The Clinica National In Bethesda 14	the causes and an the date stated above, city or town, stote)  Center  8/25/ stitutes of Health
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS CA	N / ATI	
WW Chambers Co.	Jak. De	DATE AUG 2 8 '5	8 arthur S. Kraus

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CEPTIEICATE OF DEATH

09317

	0000		CERTII	ICAI	L OI DEAII			Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY  Montgome	rv		MARYL	- 11	USUAL RESIDENCE (WE o. STATE  Maryland	here decease	b. COUNTY	on: Residen		odmissi	ion)
	(If outside corporate lim	its, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF	oulside corpo				sl lown	1)
Olney			15 days		K Germantov	m					
OR INSTITUTION			oddress)		d. STREET ADDRESS			- 14		ON A	IDENCE FARM?
	y County Ge			llc_	o Henry Kir					AF2 X	NO 🗌
3. NAME OF DECEASED (Type or print)	Fig.	enry	Middle Bern	be no	Last	4. DATE OF DEATH	Mon		Day		Yeor
5. SEX	6. COLOR OR RACE	1	RIED NEVER MARRIED		Stewart SATE OF BIRTH			IF UNDER	1 YEAR IE	0	19 58
Male	Negro	WIDOWI		-	6/1./77		lost birthdoy)	Months		Hours	Min.
10a. USUAL OCCUPAT		done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CI	IZEN OF	WHAT	COUNTRY
		<u></u>			Marvla	and			USA		
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N				N. L.		
Charle	s Stewart				Mary I	ouise	Gordon				
15. WAS DECEASED EN	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO		104200	Addr	ess			
	(if yes, give war or oares or t	ervicel			Hospital Re	corde	0.7	nev.	Md.		
18. CAUSE OF DI	ATH [Enter only one co	use per li	ne for (o), (b), and (c).]		DUSDI VAL TE	,00103		mey		/AL RET	TWEEN
	ATH WAS CAUSED BY:								ONSET	AND	DEATH
1010X	IMMEDIATE CAUSE (o		emia					-	- 2	da	ys
Conditions, if				1. • 1							
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lying couse lost			antatic II			4 .	1	11/		1	
		DITIONS	OSTATIC Hyp	erurc	DONY WITH UR	struc	ting uror	athy	1 0	nkn	own
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O ACCIDENT	AS UNIDERLUNIA FI	not pro						LL-C-	Y	ES 🔀	NO 🗌
OR CONTRIBUTION	AS UNDERLYING COME CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OC	CURRED. (E	nter noture of injury in I	Port I or Port	t II of item 1B.)				
20c. TIME OF INJU Hour o. m. p. m.		While	NJURY OCCURRED 2 Not while of work	0e. PLACE foctory	OF INJURY (Home, form, street, office bldg., etc.	, 20f. (City	or town)	(4	County)		(Stote)
21. I certify t	hat I attended the	decease	ed fram	6	, 195 8 to	81	21 1058	,that I	last saw	the	docage
alive an	7 20	195	100	leath oc	7 00	AM E					
	100	X	/	icaiii oc		ADDRESS (St	n the causes a	na an n	ne date		TE SIGNE
ACTUAL SIGNATURE	19	gra	J. Co.					,		0	2715
No. 1		1		M.D.						3	1112
PHYSICIAN'S NAME (Type)	C. H. L.	gon,	M D.		Sandy	Spri	ng, Maryl	and			
220. BURIAL, CREMATION REMOVAL Specify	ON, 226. DATE THEREO		St. Rese	ERY OR CR	EMATORY		Opers M			(Stote	)
3. FUNERAL DIRECTO	P'S SIGNATURE	110	ADDRESS		24g. REC'I	BY REGIST	RAR 24b. REGIS	TRAR'S SIG	SNATURE		
10144	Mount	del	Rockville	, Md		10.0 - "	-0				
					DATE	G 2 5 "	58   0	Thun 8	-		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 ompletely filled in by the funeral director, topers. Pages I and 2 should be filed with may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: fifer this certificate has been signed by the attending physician and page 3 should be detacted for use as the burial-transit permit. Then please remove carbothe registrar prior to burial, cremation, ar removal, and in any event within 72-figures after de VS A1S (4) 15M 10/57

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VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9323 CERTIFICATE OF DEATH

()9318

MARYLAND  b. COUNTY MONTGOMERY  OWN (If outside corporote limits, write RURAL and give nearest lawn)  AYHILL, SILVER SPRING  DDRESS  ,310 Layhill Road  4. DATE OF DEATH AUGUST 9 19 58  19. AGE (In years leven of lost birthdoy) 61 yrs.  ACE (Stote or foreign country)  GINIA  MAIDEN NAME LE LAFEVER  Address  Stewart, 15,310 Layhill Road  Layhill, Maryl Mitryal Between ONSET AND DEATH 30 MILL 30 MI
ANALY AND STATE MARYLAND S. COUNTY MONTGOMERY  MARYLAND S. COUNTY MONTGOMERY  CITY OF TOWN III outside compresses being dominance of the county of the count
DEATH  MONTGOMERY  MARYLAND  2. SUMA RESIDENCE (Where decosed lived, If institution: Residence before odministry)  MARYLAND  2. STAME  MARYLAND  3. STAME  MARKETAND  4. SOAR  4. SOAR  4. SOAR  4. SO
AMPLIAND  OUNTY MONTGOMERY  MONTGOMERY  CITY OR TOWN II obtide corporate firsts wide in Repair to the County MONTGOMERY  CITY OR TOWN II obtide corporate firsts wide in Repair to the County of the C
AACTION MONTGOMERY  MONTGOMERY  MONTGOMERY  MARYLAND  LOUNDY  MONTGOMERY  MARYLAND  LOUNDY  MONTGOMERY  MARYLAND  LOUNDY  MONTGOMERY  MARYLAND  LOUNDY  MONTGOMERY  MONTGOMERY  MONTGOMERY  LATHILL , SILVER SPRING  d. NAME OF HOSTIFAL (if not in hospitol, give street oddress)  OF HOSTIFAL (if not in hospitol, give street oddress)  OF HOSTIFAL (if not in hospitol, give street oddress)  ON A FLAN
MAIDEN NAME LLE LAFEVER  Stewart, 15,310 Layhill Road  Layhill, Maryl Merval Between ONSET AND DEATH 30 Must
Stewart, 15,310 Layhill Road  Layhill, Maryl Nierval Between ONSET AND DEATH  30 Maryl
Stewart, 15,310 Layhill Road  Layhill, Maryland Between ONSET AND DEATH  30 Must
2. USUAL BESIDENCE (Where deceared lived. If institution. Residence before admission. COUNTY MONTGOMERY   6. COUNTY MONN If outside corporate limits, write RURAL and give nearest powers and the support of the property limits. The property limits with RURAL and give nearest powers. See 1. SEEDEN LAYHILL.   5 years
2. USUAL BESIDENCE (Where deceased lived. If institution. Residence before admission.)
ICE (Where deceased lived. If institution: Residence before admission) b. COUNTY MONTGOMERY  NOW (If outside corporate limits, write RURAL and give nearest tawn)  YHILL, SILVER SPRING  RESS 310 Layhill Road  4. DATE OF AUGUST  9 19  9 AGE (In years lif UNDER 1 YEAR IF UNDER 24 I YEAR IN DORS A FARM YES NO NOT A FARM YES NOT YEAR OF WHAT COULD NOT A FARM YES NOT NOT A FARM YES NOT YES NOT YES NOT A FARM YES NOT
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VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18	3
9324	CERTIFICATE	OF DEATH	

									Keg. Dist	. 140.	
	PLACE OF DEATH			MARYL	AND	2. USUAL RESIDENCE (Who. STATE	ere deceased	lived. If institution b. COUNTY	on: Residence	e before adn	nission)
-	Montgome:	f outside corporate limi	ts write	c. LENGTH OF STAY IN	J.1b	Michigan	t.id	an Bindan Inda Ba	IDAL:		
	RURAL and give no		13, 41110		110	c. CITY OR TOWN (If o		ite limits, write Ki	UKAL ond gr	ve nearest to	own) V
	Bethesda			138 days		Iron Mount	ain	5	9x-	3	
	OR INSTITUTION	AL (If not in hospital, g	ive street	address)		d. STREET ADDRESS					RESIDENCE I A FARM?
		ical Center			Md.	602 East C	7	t			□ NO 🖫
3.	NAME OF DECEASED (Type or print)	Lois	st	Middle Wilhelm	ina	Straub	4. DATE OF DEATH	Augu		Day	Year 19 <b>58</b>
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		B. DATE OF BIRTH	9	AGE (In years		YEAR IF UN	
	Female	White	WIDOW	ED DIVORCED		December 15,	1902	lost birthdoy) 55 yrs.	Months [	Days Hou	rs Min.
100	. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote	or foreign cou	intry)	12. CITIZ	ZEN OF WH	AT COUNTRY?
	during most of worl	king life, even it refired	)			and the second second			TT	G A	
13	Secretar	<u>y</u>		Unknown		Minnesot  14. MOTHER'S MAIDEN N			U.	S. A.	<u> </u>
13.											
	James Pa					Frankie					
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16. ervice)	SOCIAL SECURITY NO.	17. IN	FORMANThe Medi	cal Re	cord Addr	ess		
	No			None	T	he Clinical C	enter,	Betheso	la 14,	Mary]	and
			use per li	ne for (o), (b), ond (c).]						INTERVAL ONSET, AN	
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o	)	Respirat	ory	failure					min.
	195.0	DUE TO									
	Conditions, if o	ny, which ) (b	,	Metastat	ic a	adrenal carci	noma			13	. mos.
	gove rise to i	mmediole	,				***************************************		A STE		
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CATIC							THE DISERSE		EIV IIV I ONI	PER	FORMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter nature of injury in f	Port 1 or Port I	l of item 1B.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	While	NJURY OCCURRED 2 Not while t of work	Oe. PLA foci	CE OF INJURY (Home, form, fory, street, office bldg., etc.	, 20f. (City o	or town)	(Co	ounty)	(State)
	21. I certify th	at I attended the	deceas	ed from March	17	19 58 to Au	igust 2	19 58	that I le	ast saw th	e deceosed
	alive on Aug	ust 2	., 19.5			occurred at 12:55					
	dire on 3514			77/	eom			et, city or town,		e date sta	DATE SIGNED
	ACTUAL SIGNATURE	1000	11	47.011	1	The Clinic			sioraj		0 - 10
	SIGNATURE_1	we do w		Torde		The Nation			- U-	-1-E	8-2-58
	PHYSICIAN'S	Theodore T.	Gan	dfriend M.	n				or ue	STUI	
_				currence, M.	IJ•	Bethesda 1	.u, Mar	ATand			
Bi	THENORY CENTION	an sit 8/6	/58	Cemeter	y F		Iron I	Mountai	n, Mi	ch. (S	lote)
	FUNERAL DIRECTOR			ADDRESS		24a. REC'I	BY REGISTRA	AR 24b. REGIS	TRAR'S SIGN	MATURE	
K	obert A.	Pumphrey	755	7 Wiscons	in	Ave.	5 '58	(Poed	esuel		
				Dethesd	a IV	C SILE	30	The state of the s	LOW V	-	

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Alebert K. Kumphram 1957 Kisegalin Ava.	CORRECT NO. COMPARE MY 155 N. WAS CORLAIN AVE.

VS A15 (4) 15M 9/55

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE	, 18
9325	CERTIFICATE	OF DEATH	Re

Reg. Dist. No.

09320

	1. PLACE OF DEATH  o. COUNTY  MONTARYLAND  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mary land b. COUNTY and a	admission)
	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give neggest flown)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give near	est fown)
	Olney Hweeks	glenBurnie	2
	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  BYOOKE GYOVE FOUNDALFON	204 Paplar ave	IS RESIDENCE ON A FARM? YES NO Z
	3. NAME OF First Middle DECEASED (Type or print)	Stuart OF Month Day OF DEATH AUG 19	Yeor 19.5 8
	360116	8. DATE OF BIRTH 9. AGE (In years I IF UNDER ) YEAR I	
	WIDOWED DIVORCED	Mar. 4-1878 lost birthday) Months Days	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kin	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	S A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. N	NFORMANT Address	
j	[Yes, no. or unknown] (If yes, give wor or dates of service)	tospital Records	
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).		VAL BETWEEN T AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Deabells	mellelus 2.	34257
	Conditions, if ony, which)  DUE TO  Leveraly	ed arteriosclerosi	bars
	gave rise to immediate couse (a), stating the under-lying cause last.  DUE TO  moribue	Dandetin ) 3	who
0			WAS AUTOPSY PERFORMED? YES NO 2
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to Month for p. m. 19 While of work of work	ACE OF INJURY (Hame, form, 20f. (City or town) (County) ctory, street, affice bldg., etc.)	(State)
	21. I certify that I attended the deceased from 7-25	19.5 % to 8-18-, 19.5 %, that I last say	v the deceased
	alive an 8-8- , 19 58, and that death	2/43-	stated abave.
	ACTUAL John R. Spence	M.D. Columbia Road Deerlonsink	DATE SIGNED
1	PHYSICIAN'S JOHNRISPENCER	?	
4	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county)	(Stole)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AND ADDRESS A	CILLED 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	1100000
-	Calleys Freneral Home	Med DATE AUG 2 2 '58 arthur S. Krs	us
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	NAME OF TAXABLE PARTY.
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# 0220

		3360		CEKI	IFICA	AIE OF DEATI			Reg. D	ist. No		
1. PLACE OF a. COUNT		gomery		MAR	RYLAND	2. USUAL RESIDENCE (W		f lived. If instituti b. COUNTY		ence befo		sion)
b. CITY O	R TOWN (If	outside corporate lim prest town)	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF	autside corpo	rate limits, write R	URAL and	give ne	orest low	n)
	podda	<b>-</b> , 7.7.		5 mins.		Washingto	on Dec	3.	4	1x-	3	
d. NAME OR INS Subu	NOITUTITE	AL (If nat in haspital, )	give street o	address)		d. STREET ADDRESS 3905 Jocely	m Stre	et, N.	W.		ON A	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or p			omas	Middl R.	le	Taylor	4. DATE OF DEATH	1 Mon		1	,	Yeor 19 58
5. SEX		6. COLOR OR RACE	7. MARRI	ED NEVER MARE	RIED 🔲	B. DATE OF BIRTH	1500	9. AGE (In years			IF UND	ER 24 HR
Male		White	WIDOWE	D DIVORC	ED 🔲	4/22/90		last birthday) 68 yrs.	Manths	Days	Haurs	Min.
during m	omist	N (Give kind of work ng life, even if retired (Retired	1)	S.Govern		West Virg	ginia	ountry)				ates
	son Ta	arrl on			-	Martha No						
		IN U. S. ARMED FOI	CEC 11/ 6	OCIAL SECURITY N	0 117 #	NFORMANT	100011	A .d.				
Yes. no or unkr		f yes, give war or dates of		9-05-995	70	ary O Taylor	390	Jocelyn		, N.	W.W	ash.
P		TH [Enter only one of H WAS CAUSED BY: IMMEDIATE CAUSE (c	) N	yocar	dia	1 Infarci	tion,	Seve	re	ON	SET AND	DEATH
	tians, if on rise to in	y, which ) (I	Co	ronah	y	Sclenos!	5,5	ever	0	1	0m	ont
	a), stoting t ause lost.	he under-	Ar	teriost	/er	05/5 d. hy	per	tensio	11	1	5VI	57
ZOG, ACCOR CON (IF EITHE	PART II. OTH	ER SIGNIFICANT CON	IDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MAL DISEASI	E CONDITION GIV	EN IN PA	RT 1(a) 1		AUTOPSY DRMED?
	CIDENT WAS ITRIBUTING ER, NOTIFY I	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter nature of injury in	Port I ar Part	t II of item 18.)				
0	OF INJURY or a.m. p.m.	Manth, Doy, Ye	While at wark	Not while at wark	20e. PL/ fac	ACE OF INJURY (Hame, farm tory, street, office bldg., etc	n, 20f. (City	ar tawn)		(County)		(Stote
21. I c	ertify the	at I attended the	decease	ed fram		195/, 10/	109		.,that I			
alive o	on	09 19	, 195	Z, and tha	ot deoth	accurred at 915		n the causes o		the da		
ACTUAL	URE	Eterral	1-6	ilapp		MD. 3921	ADDRESS (SI	reel, city ar tawn,	stole)	?.	8	195
PHYSICIA NAME (1	AN'S S	tewar	t	2 /a/pz	5	Was	hy	5 D.	C.			
220. BURIAL, REMOVA Bur	AL (Specify)	8/22/1	958	22c. NAME OF CE	55	7 1 2 7 7		rling to			(State	
23. FUNERAL	DIRECTOR'S	SIGNATURE	0 1	ADDRESS		4	D BY REGIST	RAR 24b. REGI	STRAR'S S	IGNATU	RE	
d.	H	/ xires	Par.	2901-1	142	C. 91 Sel. DATE A	UG 21 "	58	rthur -	d. 740	W/L	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and pampletely filled in by the funeral director, page 3 should be detach. For use as the burial-transit permit. Then please remove carbon pers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH - EACHMORE, 13

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VS A1S (4) 1SM 10/S7

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9327

### **CERTIFICATE OF DEATH**

Reg. Dist. No.

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	PLACE OF DEATH     COUNTY		MARYL	AND	o. STATE			lived. If institution	on: Residen	ice before	e admiss	ion)
	b. CITY OR TOWN (If outside corporate	limits write	c. LENGTH OF STAY I	N. 16				ote limits, write R	11041		ast town	4
	RURAL and give nearest town)	111113, 41116	2 Days	14 10	Beaufor		iside corpore	pre similis, write k	77 V	give neur	ezi iowi	· /
	d. NAME OF HOSPITAL (If not in hospite	L give street o		-	d. STREET AD				11.		. IS RES	IDENCE
1	OR INSTITUTION				810 Bl		Street				ON A	FARM?
	U.S. Naval Hospital,				OLO BL			,			AE2	ио 🔀
	3. NAME OF DECEASED	First	Middle		Last		4. DATE OF	Mon		Day		Year
	(Type or print)	"A"	"J"		THOM	AS	DEATH	Augu	st	4		19 58
	S. SEX 6. COLOR OR RA	IE 7. MARRI	ED NEVER MARRIE		B. DATE OF BIRTH			P. AGE (In years last birthdoy)	Months	1 YEAR Days	Hours	
	Male Negro	WIDOWE	DIVORCED		O August	1926		31 yrs.	Months	Days	Hours	Min.
	10a. USUAL OCCUPATION (Give kind of wo	rk done 10b. I	IND OF BUSINESS OF	RINDUS	TRY 11. BIRTHPLA	CE (State o	r foreign co	untry)	12. CI1	IZEN O	WHAT	COUNTRY?
1	Mariner		S.Marine C	orps	Tex	as				U.S		
	13. FATHER'S NAME				14. MOTHER'S A	AAIDEN NA	AME					
	Calvin THOMAS				ErieRR	AVEN						
	15. WAS DECEASED EVER IN U. S. ARMED I	ORCES? 16 S	OCIAL SECURITY NO.	17 18	FORMANT	UA TOTA		Add	ress			
	(Yes, no, or unknown) {If yes, give war or dates	of service)		100		D	L man A					
	Yes, Currently		known	UI	ficial N	avy R	ecord	5 ,				
	18. CAUSE OF DEATH [Enter only one	1.4	e for (o), (b), ond (c).]	1	)		-			ONS	RVAL BE	DEATH
	PART I. DEATH WAS CAUSED B		ULTIPLE	1	ULMONA	PRY	IHR	OMBOS	ES	3	OK	ours
	DUE	10				13						
	Conditions, if ony, which )	(b) 5	ICKLE (	CE	LL CI	R151	5			13	10 K	oura
	gove rise to immediate Couse (a), stating the under-	TO										
	lying couse lost.	(c) 5/	CKLE	to	4 An	IEM!	119			16	res	unn
	PART II. OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO T	HE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 19	. WAS	AUTOPSY
2	PART II. OTHER SIGNIFICANT C					1						RMED?
	200. ACCIDENT WAS UNDERLYING	20b. DESC	RIBE HOW INJURY OC	CURRED	. (Enter noture of	injury in Po	ort I or Port	II of item 1B.)				
	OR CONTRIBUTING CAUSE OF DEA	(H R)			•							
	Z 20c. TIME OF INJURY Month, Doy.	Year 20d, IN	JURY OCCURRED	20e. PLA	CE OF INJURY (He	ome, form.	20f. (City	or town)		County)		(Stote)
	20c. TIME OF INJURY Month, Doy, Hour o. m. p. m.	While	Not while	foc	lory, street, office t	oldg., etc.)				,,		(
			0 0	2204	10 58	1,	A 2200220	+ 58				
	21. I certify that I attended t				/ '//		Augus	/ '/	.,that I	last sa	w the	deceased
	alive an 4 August	, 19_2	and that	death	accurred ot 5	43A	M, fram	the causes of	ind an t	he dat	e state	ed above.
	110	00	co					eet, city or town,			-	TE SIGNED
	SIGNATURE 9 FCA	anel	X.	^	A.D. U.S. N	aval	Hospi	tal, Bet	hesda	a, Mo	. 8	-5-58
/	PHYSICIAN'S											
	NAME (Type) F. S. CALDW	ELL, LJ	MC USN		U.S. N	aval	Hospi	tal, Bet	hesda	a, Mo	3.	
	220. BURIAL, CREMATION, 226. DATE THE	REOF	22c. NAME OF CEME	TERY OF	CREMATORY		22d. LOCATI	ON (City, town,	or county)		(Stot	e)
	Burial 8-9-58	, ,	Beaufort N	Tat'	L Cemeter	У	Beau	fort, S.	C.			Tall.
	23. FUNERAL DIVECTOR'S SIGNATURE	17	LADORESS				BY REGISTR		STRAR'S SIG	GNATUR	E	
	W.W. Chambers, 140	O Chapi	in St.N.W.W	Vash	. D. C.	DATE		000	16.0	uch		
						6.0	IC C	58		all with		

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esur, seminar, se.	of Toy No. 3.10	e, e, e	

Florida

9325 N.W. 2nd Court

4. DATE OF DEATH

Miami Shores

d. STREET ADDRESS

Thompson

MARYLAND

c. LENGTH OF STAY IN 16

Charles

Hospital

6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page

PLACE OF DEATH

Bethesda

Montgomery

d. NAME OF HOSPITAL AVECULAR NAMEDIAL GIVE STREET ORDERS TO SENSITIVE OF SENSITIVE & HOSPITAL AVECULAR OF HOSPITAL AVECULAR OF HOSPITAL AVECULAR OF HOSPITAL OF HO

CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)

Milton

a. COUNTY

3. NAME OF DECEASED

(Type or print)

5.		male	white	WIDOWED [	DIVORCED [	11/16	/1887	170"
h.	10a.	USUAL OCCUPATION	N (Give kind of work on life, even if retired)	dane 10b. KIND OF	BUSINESS OR INDU	STRY 11. BIRTH	IPLACE (State or foreign o	country)
200	1	Druggisi			lcine		shington,	D. C
on o offer offer	17	ATHER'S NAME	m.				R'S MAIDEN NAME	~
177	_		lay Thomp				lizabeth	Cauri
ng physic e remove 72 hours			IN U. S. ARMED FOR f yes, give wor or dates of s	ervice)	01-2503	Eva E	Thompson	-9325
attending please r within 72		B. CAUSE OF DEAT	H [Enter only one co	use per line for (o),	(b), and (c).]			
at Milia			H WAS CAUSED BY:	MVAR	280/41	18/1	12RC 1700	ACI
The		420.1	DUE TO	70				
d by nit. ny e		Canditians, if an		GEEN	21 A	PTER	10500	5/16
in a		gave rise to im cause (a), stating th				1 30 1	1 0 1-	5 07
and and		lying cause last.	) (c	and	mill.	c /	tar 3	2101
trar di, a	ğ	PART II. OTHI	ER SIGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED	TO THE TERMINAL DISEAS	E CONDITIC
has has	Š	Cerebra	al Vas	colar	accia	ent	Celt core	1200
ficate the bu	<u>~</u>	20a. ACCIDENT WAS OR CONTRIBUTING I IF EITHER, NOTIFY A	CAUSE OF DEATH	206. DESCRIBE HOV	V INJURY OCCURRE	D. (Enter nature	e affinjurý in Part I ar Pai	till at item 1
s certi	EDICAL	Haur a.m.	Manth, Day, Yes	While Not	while for	ACE OF INJURY	Y (Home, farm, 20f. (Cit fice bldg., etc.)	y or tawn)
or thi	Σ.	p. m.		at wark at wa	- Lad	1-1	9 0/	/
THE TOTAL PROPERTY OF THE PROP			at I attended the	11/	. (	ر اور ا	10	, 1
Day Day		alive an	7 8 111	19	and that death	accurred o	at 1.1.2 p.M. from	
00 of 0		ACTUAL (?)	houles	Knode	5/15//	1,80	O Battery	
Disease of the period of the p		SIGNATURE	Sens Tra	1000000	1	M.D407	o baccory	Dano
RAL I shaul strar		PHYSICIAN'S Che	arles J.	Savarese	, Jr.	Bet	hesda Mo	ontgo
FUNE FUNE Sage 3 Fe regi	220.	BURIAL, CREMATION REMOVAL (Specify)	1, 22b. DATE THEREO	F 22c. NAI	ME OF CEMETERY O	R CREMATORY	22d. LOCA	TION (City,
Poge the re	Bu	rial	8/11/58		gression	al Gen	netery Was	hingt
A15 (4)		UNERAL DIRECTOR'S	ines Co.	Woshing		C	240. REC'D BY REGIS	
M 9/55		ne S.H.H	THES CO.	"asiiiiig	Dolly D.	0.	DATE NUG 1 1 !	58

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO NO Month Day Year 1958 August 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours yrs. 12. CITIZEN OF WHAT COUNTRY? U. S. A. eld Address Miami Shores . The N.W. 2nd Court INTERVAL BETWEEN ONSET AND DEATH ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State) that I last saw the deceased ses and on the date stated above. town, state) DATE SIGNED mery Maryland own, or county) (State)

REGISTRAR'S SIGNATURE

The same of the same of the same of THE DATE OF THE PARTY OF THE PA Bear Committee of the C Emiliar of the Exemplicity of Service V. S. C., Lott by Sup. E. Gelle St. Co. L. C. L. wastern vitnostrum - phonoge - in costave in solvantiment The second secon 

VS A1S (4) 1SM 10/S7

Rea Dist No

						wed. Dist.	110,	
1. PLACE OF DEATH o. COUNTY MO1	ntgomery	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Virginia	nere deceased lived. I b. (	f institutio	-	befare ad	missian)
b. CITY OR TOWN (I	f autside carporate limits, wri	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits	, write RL	IRAL and giv	e nearest t	lawn)
RURAL and give ne Bethesda	eorest tawn)	38 days	Vienna		0	×24	Q.	
d. NAME OF HOSPIT	AL (If not in hospital, give str		d. STREET ADDRESS		0	-3/-	e IS	RESIDENCE
OR INSTITUTION						7	01	N A FARM?
	ical Center,	Bethesda 14, Md.	308 Tapaw	ringo Road	S.	E.	AF2	□ NO 🖸
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Mont	h	Doy	Year
(Type ar print)	Leafy	Brandon	Tibbs	DEATH	Augu	st	20.	1958
5. SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (			1	NDER 24 HRS.
Female	White WID	OWED DIVORCED	February 28.	1893 65	rthdoy) yrs.	Months D	ays Hat	urs Min.
IOg. USUAL OCCUPATIO	ON (Give kind of work done)	10b. KIND OF BUSINESS OR INDI				12. CITIZI	EN OF WI	HAT COUNTRY?
Housewife	(ing life, even if refired)	**						
3. FATHER'S NAME	•	None	14. MOTHER'S MAIDEN N	inia			J. S.	A. a
William :				Seay			-	
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT The Med	lical Recor	ed Addre	ess		
No		223-20-8097	The Clinical C	enter. Bet	thesd	a 14.	Mary.	land
18. CAUSE OF DEA	TH [Enter only one couse p							LBETWEEN
PART I. DEA	TH WAS CAUSED BY:	FECAL PERITO	STILL			-17		ND DEATH
1414	DUE TO	ECAC FEETO	NIIII					WEEL
		Almania Cina	d =		-		2	
Canditians, if a	mmediate	NUMEROUS ENTERO	- ENTERIC & E	NTERO - LUTMITE	ous H	STULAS	0	WEEKS
cause (a), stating	the under- DUE TO	2			-			1
lying cause last.		ARCINOMA OF CER						44105
PART II. OTH	IER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	INAL DISEASE CONDI	TION GIVE	EN IN PART 1	(o) 19. W.	AS AUTOPSY RFORMED?
5 BLLATERI	AL HYDRONEPH	ROSIS & CHRONIC	PYELONEPHRI	TIS				NO [
U (IF EITHER, NOTIFY	S UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in (	Part t ar Part II of iter	n 1B.)			
20c. TIME OF INJUR Hour a.m.	w	d. INJURY OCCURRED 20e. P hile Not while work at work	LACE OF INJURY (Home, form actory, street, office bldg., etc.	20f. (City or lawn)	7, 1 1	(Co	unty)	(Slote)
		T-3 3'	3 . 19 58 ta	Anonet 20	- 58			
	at I attended the dec	-10	19. 50, to	August 20	19 20	that I la	st saw t	he deceased
alive an	August 20 1	958 and that deat	h occurred at 4:30	PM, from the co	auses a	nd an the	date st	lated above
/	111/2	///		ADDRESS (Street, city	ar town, s	itote)		BAJESIGNED
ACTUAL SIGNATURE	OCK IT! WH	ock M.D.	M.D. The C	linical Co	enter			0/21/50
//			Natio	nal Instit	tutes	of He	alth	
PHYSICIAN'S NAME (Typo)	Jack H. Block	n, M. D.	Bethe	sda 14. Ma	arvla	nd		
20. BURIAL CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY (		22d, LOCATION (Cit			10	State)
REMOVAL (Specify)	18-23-5		4:11	F. He	1	m_	10	
3. FUNERAL DIRECTOR		ADDRESS	04. 0564	D BY REGISTRAR 2	Ab DECIS	TRAR'S SIGN	ALUPE	ne
1 us I	16	1	, ,			hun S. H		
Jest The	comeng	JUIEHU9 L	ling wig DATEAU	2 2 3 30	- Con		A CONTRACTOR OF THE PERSON OF	

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VS A15 (4) 15M 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9330 CERTIFICATE OF DEATH

(19325) Reg. Dist. No. 215

-					Reg. Dist. No. 417
_	1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE Maryla	ere deceased lived. If institution b. COUNTY	n: Residence before admission)
20	b. CITY OR TOWN (If autside corporate limits, write	c. LENGTH OF STAY IN 16		utside carparate limits, write RUI	RAL and give negrest town)
	Bethesda (Rural)	125 Days	X Chevy-		grown,
,	d. NAME OF HOSPITAL (If not in hospitot, give street of OR INSTITUTION U.S. Naval Hospital, Bethe	oddress)	d. STREET ADDRESS	organ Drive	e. IS RESIDENCE ON A FARM? YES NO 🖾
	3. NAME OF First DECEASED (Type or print) Robert	Middle Gibson	TOBIN	4. DATE Month OF DEATH Augu	
	5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWE	D DIVORCED	17 August 18		Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
1		S. Navy, Retir	ed West Vir	ginia	U.S.
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
/	Robert E. TOBIN		Nellie FARR	ELL.	
	(Yes, no, or unknown)   (If yes, give war or dates of service)		re, Mrs. Carol	yn O. TOBIN (S.	
	18. CAUSE OF DEATH [Enter only one couse per lin  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the under- lying couse lost.  C  PART II. OTHER SIGNIFICANT CONDITIONS C	lul lasti bil	one much iteral.	Hydrung NAL DISEASE CONDITION GIVE	
2	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ort I or Part II of item 18.)	PERFORMED? YES NO
	Hour o.m. While	Not while of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
1	21. I certify that I attended the decease alive an 11 August , 19  ACTUAL SIGNATURE ACTUAL SIGNATURE PHYSICIAN'S W. H. DRUCKEMILLER	58, and that death	M.D. U.S. Naval	DORESS (Street, city or town, st	hesda, Md. 8-12-5
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 8-15-58	2. NAME OF CEMETERY O		22d LOCATION (City, town, or Arlington, V	
	R.A. Pumphrey, 7557 Wisco	ADDRESS nsin Ave., Beth			PRAY'S SIGNATURE

to the party was a series of their respect to the second contract of HART AND ROLL COMPANY DESCRIPTION OF THE RESERVE OF SERVICE ASSESSMENT OF THE PROPERTY OF THE  9331

Reg. Dist. No.

1. PLACE OF o. COUNT	Montgome	ery	MARYL		USUAL RESIDENCE (* o. STATE  District (*)		b. COUNTY		before admiss	ion)
b. CITY O RURAL Beth	R TOWN (If outside corporate and give nearest town)	limits, write	c. LENGTH OF STAY II		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Washington				3	
OR INS	OF HOSPITAL (If not in hospital Contestion)		11.	d.	d. STREET ADDRESS 3820 South	nern Ave	enue. S.	E.		FARM?
3. NAME OF DECEASED (Type or p		First Cl	Middle aire Weyan	t I	omlinson	4. DATE OF DEATH	Man			Yeor 19 <b>58</b>
5. SEX Male	6. COLOR OR R	WIDOWED	NEVER MARRIED DIVORCED	_	anuary 16,		9. AGE (In years last birthday) 7)1 yrs.		YEAR IF UNDE	R 24 HRS. Min.
during n	OCCUPATION (Give kind of wonost of working life, even if realogist	tired)	IND OF BUSINESS OR	ed	Pennsyl 4. MOTHER'S MAIDEN	Lvania	ountry)		EN OF WHAT	COUNTRY?
Jose 15. WAS DEC (Yes, no, or unker No	EASED EVER IN U. S. ARMED	es of service)			Katharine RMANT The Me Clinical	edical F	Record Add	lress	Maryla	nd
Conditing ave couse (a lying c	tions, if ony, which	BY: SE (o) A ( E TO (b) E TO	cute My		RELATED TO THE TER			VEN IN PART 1	PERFO	DEATH
₹ 20c. TIME	CIDENT WAS UNDERLYING TRIBUTING TO AUSE OF DE R. NOTIFY MEDICAL EXAMIN COF INJURY Month, Day, ur a.m., p. m.	ATH IER)	Not while	Oe. PLACE	OF INJURY (Home, fo, street, office bldg., c	orm, 20f. (City		(Cot	unty)	(State)
21. 1 conditions of actual signature of the physicial NAME (1	AN'S Anthon	1. 19 5	8_, and that of	death ac	3, 19 58, to curred at 12:1  The Clini National Bethesda	ADDRESS (SIR LCAL Cen Institu	reet, city or town,	and on the	date state	
Crema		ereof 58			Cremato:	ry Pri		orge C	o Md	'
	ot A. Pumphi	rey Be	ethesda,	Mary		AUG 6	RAR 245 REGIS	STRAR'S SIGN	ATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a page 3 should be detached use as the burial-transit permit. Then places remave carban page 3 should be detached used to be sometimes of the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after deal

poletely filled in by the funeral directar,

M

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	9332	CERTIFICA	ATE OF DEA	IH		Reg. D	ist. No.	
a. COUNTY	ontgomery	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where decease	d lived. If institution b. COUNTY		nce before o	
RURAL ond give n	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda  c. LENGTH OF STAY IN 1b  21. days				rate limits, write RL	JRAL and	give neares	tawn)
	FAL (If not in hospital, give street Suburban Ho	oddress)	d STREET ADDRESS	/	1			S RESIDENCE ON A FARM?
NAME OF DECEASED (Type or print)	First Lacey	Middle Balch	Losi Tachiffe	4. DATE	Mont Augu		Doy 30	Yeor 19 58
sex Female	6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH October 13,	1874			R I YEAR IF	UNDER 24 HRS
during most at war	ON (Give kind of work done 10b. king life, even if retired)  vernment	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SI		ountry)	12. CI	TIZEN OF V	A.
3. FATHER'S NAME GOO	rge R. Rice		14. MOTHER'S MAIDE Elberta					
(es, no or unknown)	R IN U. S. ARMED FORCES? 16.		nformant Daugh s. Dorothy		Addre		above	
Canditions, if a gave rise to i cause (a), stating lying cause last.	mmediate (	mbolus	Join dres				10-	- Matol,
	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIVE	EN IN PAI	P	VAS AUTOPSY ERFORMED?
	AS UNDERLYING (20b. DES	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury	in Port 1 ar Par	I II of item 18.)			
20c. TIME OF INJUR	8 9 19 56 of wor	rk of work	ACE OF INJURY (Home, fatory, street, office bldg.,	orm, 20f. (City etc.)	- Chase	Min	(County)	(Stote
21. I certify that I attended the deceased fram								
ACTUAL SIGNATURE M.D. 1726 Eg true Wash PC  PHYSICIAN'S M. Hon C. Cobas								
REMOVAL (Specify)	N. 22b. DATE THEREOF	22c. NAME OF CEMETERS, O	R CREMATORY EPATORIO		TION (City, town, o	r county)	& WA	(Stote)
FUNERAL PIRECTOR	essignature Les Sere »	Wash &	1	SEP 3 'E			GNATURE . Kraue	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detack after use as the burial-transit permit. Then please remove carbot pers. Pages 1 and 2 shauld be filed with the registrar prior to but 1, cremation, or remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	To a second second second		F- 45		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		AND DESCRIPTION
		The state of the state of

VS A15 (4) 15M 9/S5

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18	3

9335 CERTIFICATE OF DEATH

Reg. Dist. No.

09330

1.												
	b. CITY OR TOWN (If RURAL ond give ne	outside corporate limi orest town)	ts, write	c. LENGTH OF STAY IN 1	Ь	c. CITY OR TO	WN (If outs	ide corporote li	mits, write RURAL one	d give near	rest fown	
-	Silver S			3½ year	S			ing, M	d.56			
	OR INSTITUTION				1	d. STREET ADI		Ave.	/		ON A	FARM?
	ireen's Nu	irsing Ho	me		1	7010 0	(1 D O (	2210			YES	NO 🛛
3.	NAME OF DECEASED	Fir		Middle		Last	4	. DATE OF	Month	Day		eor
L	(Type or print)	George E						DEATH	August	2.		9 58
5.	M	6. COLOR OR RACE	7. MARR	ED TO DIVORCED		une			E (In years IF UNDI t birthday) Months	Doys Doys	Hours	Min.
10	o. USUAL OCCUPATIO	N (Give kind of work		KIND OF BUSINESS OR IN	10		7			ITIZEN OI	F WHAT	COUNTRY?
1	Chef(ret)	ing life, even if retired	)	None			Hamp:				S.	
1	. FATHER'S NAME	rrea)		None	14	. MOTHER'S M				0.	, 0 .	
		erment							Rs Mici	HAU	D	
19	S. WAS DECEASED EVER		CES? 16	SOCIAL SECURITY NO. 11	7. INFOI		OWL	C-1111	Address		4	
	(es, no or unknown)	If yes, give wor or dates of s	ervice)			. John	W. I	Wratha	10915	Jar	sse.	Aye.
	PART I. DEAI  332 X  Conditions, if on gove rise to in couse (o), stoting t lying couse lost.	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o  DUE TO  ITY, which (b) nmediote (b) the under-(c)	)	ne for (0), (b), and (c).] C∈R∈B/						ONSI	RVAL BET	DEATH 1RS.
QUIA.	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO T	HETERMINA	L DISEASE CON	IDITION GIVEN IN PA	(RT 1(o) 15	PERFO	MED?
CEPTIFICATION	20a. ACCIDENT WA' OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter noture of i	njury in Por	t I or Port II of	item 18.)		123	
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	20d. It While of wor	Not while	PLACE foctory.	OF INJURY (Ho , street, office b	me, form, ldg., etc.)	20f. (City or to	wn)	(County)		(Stote)
	21. I certify the alive an	Pames a	19. T	ed fram NOU: 58, and that de	ath ac		AD	M, fram the DRESS (Street, o	, 1958, that causes and an ity or town, state)	the dat	e state DA	deceased d abave. TE SIGNED
	NAME (Type)		lober	ts		. 5			NG M		LA	VD,
2	REMOVAL (Specify)	8-23-58		22c. NAME OF CEMETER Ft. Linc			22		City, town, or county e George		(Stote	
2	FUNERAL DIRECTOR	The state of the last	) ~ ^ .	ADDRESS		2	4a. REC'D 8	Y REGISTRAR	24b. REGISTRAR'S			
1	remore 1	o we sumply	cul	Silver Sp	ring	Md.	ARITO 2	E 158	0:1-0	4.		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.: Page 4

After this certificate has been signed by the attending physician and for use as the burial-transit permit. Then please remove carbot rid, cremation, ar removal, and in any event within 72 haurs offer or

the registrar prior to burial, cremation, or remaval, and in any

page 3 should be detact

VS A15 (4) 1SM 10/57

may be retained by the hospital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9336 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

09331

1. PLACE OF DEATH o. COUNTY	o. COUNTY MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     o. STATE     b. COUNTY     Wisconsin				
b. CITY OR TOWN RURAL and give	(If outside carporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (	If outside corp	orate limits, write R	URAL ond gi	ve negrest	town)
Bethesda			17 days		Milwaukee	е	8	6 X -	3	
d. NAME OF HOSP	ITAL (If nat in hospital,	give street	address)		d. STREET ADDRESS					RESIDENCE N A FARM?
	nical Center			Md.	4209 Nor	th 42nd	Place			NO 🔄
3. NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE	Mon	th	Day	Year
(Type or print)		Robin	Jo	hn	Vilar	DEATI	+ At	ugust	2	1958
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRI	ED X	B. DATE OF BIRTH		9. AGE (In years			NDER 24 HRS.
Male	White	WIDOW	ED DIVORCE	0	June 1, 1	954	last birthday) yrs.	Months [	Days Ha	urs Min.
10a. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS C	R INDUS	TRY 11. BIRTHPLACE (St	ote or foreign	country)	12. CITIZ	ZEN OF W	HAT COUNTRY
None			None		Wisc	onsin			U. S.	A.
13. FATHER'S NAME					14. MOTHER'S MAIDER	N NAME				
Robert :	L. Vilar			90	Nancy Sai	muelse	1			
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [Yes, no, or unknown] 1 [If yes, give wor or dottes of service]				17. 18	FORMANT The Me	edical	Record Add	ress		
No	(ii yes, give wor or ourse or	service)	None		he Clinical				Mary	land
IB. CAUSE OF DE	EATH [Enter only one co	ouse per li	ine for (a), (b), and (c).						INTERVA	L BETWEEN
	ATH WAS CAUSED BY:			•	insufficie	anor			ONSET, A	o hrs.
180x	IMMEDIATE CAUSE (		reshir	avor	/ THEATTTOTE	SIIC.y			4	O III S
	DUE TO	,	T.7.4 Bi #							
Conditions, if	immediate	)(	Wllm'S	UUMK	or with wide	espread	metastas	ses		1 yr.
couse (o), stating	g the under- DUE TO	)								
lying couse lost		c)								
PART II. O	THER SIGNIFICANT CON	MITIONS	CONTRIBUTING TO DE.	AIH BUI	NOT RELATED TO THE TEL	RMINAL DISEA	SE CONDITION GIV	EN IN PART	PE	RFORMED?
2									YES	NO 🗌
PART II. O'  PART II. O'  PART III. O'	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY O	CCURRED	. (Enter noture of injury	in Part I or Pa	ort II of item 18.)			
20c. TIME OF INJU		or 20d. I	NJURY OCCURRED	20e. PL/	CE OF INJURY (Home, fo	arm, 20f. (Ci	ty or town)	(Co	ounty)	(State)
Hour a.m.	10	While at wo		fac	lory, street, office bldg.,	etc.)				
				3	16 ۲8	Annonage	2 58			
					16, 1958, to					
alive an	August 2	, 19	20, and that	death	accurred at 2:0				e date s	
1	Marild F	0	00		-	4.15	Street, city or town,	stote)		DATE SIGNE
ACTUAL SIGNATURE	yarou L	06	Cherma	W_ 1						3-2-58
PHYSICIAN'S L	1 31 0 0	. 71	14 D				tutes of	Health	1	
NAME (Type)	Harold R. S.	Liber	man, M. D.		Bethesda	14, M	aryland			
220. BURIAL, CREMATI BUREMPYALISEOGRA	on, 226. DATE THERE	5/58	Milwauk	ETERY OF	CREMATORY Cem.	22d. LOCA Wil	ATION (City, town, waukee,	or county) Wisc		Stote)
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	1	24a. RI	EC'D BY REGIS		STRAR'S SIGN	NATURE	72.51
Robert	A. Pumphr	ev	7557 Wisc	ons	in Ave DATE		158 RU	thos.	wh	
			Bethesda,	Md	•	MIR 2	30 1 000	11-1000		

HE OF HEALTH BALTHMORE, TO	EMPLATED BLATE		
planents		Transport of the Control of the Cont	CL 126
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with the second second second second second	The sale of the last	College Legal	
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A Company of the Comp		Author 12 C	1 ded /5
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		Ruspinsey	

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09332

**CERTIFICATE OF DEATH** 0227

			27 6	:
Rea	Dist	No.	215	)

	1
he funeral director, hould be filed with	M

y filled in by the

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and compleage 3 should be detached for the ast the burial-transit permit. Then please remove carbon papers the registror prior to burial, cremation, or removal, and in any event within 72 havens ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death.: Page 4 VS A15 (4) 15M 10/57

	3331	-						Keg. Dist	. No.	-/
1. PLACE OF DEATH  . COUNTY  MONTGOMER	У		MARYLA		District of	Colu	l lived. If institution	: Residence	before adm	nissīran)
b. CITY OR TOWN (I RURAL and give no	f outside carporate limi	ts, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If ou	itside corpo	rote limits, write RUI	RAL ond giv	ve nearest to	wn)
Bethesda	(Rural)		80 days		Washington			4'	7x-3	}
OR INSTITUTION	AL (If not in hospital, g. Hospital,				d. STREET ADDRESS 826 21st St	reet.	N.E.		ON	RESIDENCE A FARM?
3. NAME OF	Fir		Middle	1]		4. DATE				
DECEASED (Type or print)	Thoma		Fulton		VINES	OF DEATH	Augus:	t	Day 2	19 58
5. SEX	6. COLOR OR RACE	7. MARS	RIED NEVER MARRIED	8. D	ATE OF BIRTH		1 1 1 1 1 1 1 1		YEAR IF UN	1
Male	Negro	WIDOW	ED DIVORCED		March 27, 19	16	42 yrs.	Months D	Days Hour	rs Min.
10a. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote of	r foreign co	ountry)	12. CITIZ	EN OF WH	AT COUNTRY
Skycap			rport Servi	ces	No. Caro	lina		U.	S.A.	
13. FATHER'S NAME				1	MOTHER'S MAIDEN NA	AME				
Douglas V	TNES			000	Ada BUCH	ANAN				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT		Addres	is		
Yes	If yes, give war or dates of s	ervice)	77-26-2523	(W) 1	rs. Myrtle	Vines	. same as	#2 a	bove	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which (b) mmediate	Нур	ne for (o), (b), ond (c).] ertensive ca	ardio	vascular dis	sease	malignant,	;	INTERVAL ONSET AN OVET	BETWEEN ND DEATH 2 yrs.
CATIC			CONTRIBUTING TO DEATH					N IN PART	PER	S AUTOPSY FORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	CRIBE HOW INJURY OCC	.UKKED. (E	nter noture of injury in re	ori i or ron	n or nem 10.)			
ZOc. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	While at wor	Not while	De. PLACE factory	OF INJURY (Home, form, street, office bldg., etc.)				ounty)	(Stote)
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	c. u. shill		LT MC USN	eath ac	U. S. Nava	M, from DDRESS (SI) 11 HOS	the couses on reet, city or town, st pital, NN ryland	d on the ote) MC	e dote sta	ne deceased ofted abave DATE SIGNED 2-58
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	8-6-58	)F	Arlington	Nat	ional	Arli	non (City, town, or ngton		(Si ginia	tote)
23. FUNERAL DIRECTOR	CAR .	OME . I	ADDRESS Wash		On , D. O 240. REC'D		RAR 246 REGISTI	RAR'S SIGN	NATURE	

	CERTIFICATE OF DEATH
	Provide the second control of the second
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t 9 4	THE RESERVOIS OF MEMORY ASSESSMENT OF THE PROPERTY OF THE PROP
E CONSTRUCTOR	
ac el Sa ve	

# HEALTH DEPT

3 to the funeral director. Page be retained for your files. the State Board of Health,

R: This certificate should be execu	execute the certificote, writing the ward "pending" in pencit in	Moutd be used as a burial-trons	the state of the s
5 TO DEPUTY MEDICAL EXAMINER: This certificate should be execu	execute the certificote, writing	TO FUNERAL DIRECTOR: Page   Mould be used as a burial-trans	the standard and a second second
VS	A1	5ME	

5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9338 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09333

Rea Dist No.

	reg. Dist. IV.
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY
MARYLA MARYLA	NO PE Laika.
b. CITY OR TOWN (It outside torparate limits, write RURAL ond give negrest fown)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Chen Chase I with	Scranton 75 X-3
d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
3707 Chay Chare Lake Dr	1619 Monsey Cur YES NO W
3. NAME OF DECEASED // First Middle	Lost 4. DATE Month Day Year
(Type or print) Lorge Barramen	Vi Pand DEATH aug 31 1958
5. SEX 6. COLO OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeg) IF UNDER 1YEAR IF UNDER 24 HRS.
male what WIDOWED DIVORCED	8-13-1870 So yrs. Months Doys Haurs Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC	
during most of working life, even if retired)	Pa M.S.C
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 11 11 2	m. 1 4 1t
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	7. INFORMANT Address
(Jes, no, or unknown) } (If yes, give war or dates of service)	7. INFORMANT Address
V No   071-09-7940 V	Wind Nypart - Ham a lee
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  Comany	veclusion sudden
420.1 DUE TO	
Conditions, if ony, which) (b)	
gove rise to immediate couse (o), stating the underlying DUE TO	
couse last. (c)	
	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B  200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED	PERFORMED? YES NO S
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enler noture of injury in Part I or Part II of item 18.)
206. EXTERNAL CAUSE WAS PRIMARY   0 CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH.	
	PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State)
Not while Not while	PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (Slate) foctory, street, office bldg., etc.)
p. m. 19 at work at wark	
21. I certify that I took charge of the remains described of	obove, held on Autopsy , Inspection , Inquiry , ond in my
opinion deoth resulted from: Notural causes . Acciden	nt, Suicide, Homicide, Undetermined monner
1	
SIGNATURE Trank & Drosehart	M.D. CHIEF MEDICAL EXAMINER
- 1	ASSISTANT MEDICAL FYAMINER [7]
NAME (Type) FLANK J. RRUSCHOOT	DEPUTY MEDICAL EXAMINER D 8-31-58
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY [22d. LOCATION (City, town, or county) (Stole)
Burial-transit 9-2-58 Forest Hill	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
ROBERT A. PUMPHREY Bethesda, Md.	
	DATE SEP 2 '58 Carling & Harris

THE REPORT OF THE PERSON Carried State Note: 1270 , SOUTH ! , Destination . DAY OF HERET SPEC

### FOR STATE HEALTH DEP

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

09334

9339 MEDICAL EXAMINATER .	Reg. Die	it. No.
LACE OF DEATH		nce before admission)
montgomery MARYLAND	o. STATE mel b. COUNTY	nto
	c. CITY OR TOWN (If outside corporale limits, write RURAL and	give nearest town)
Kensusta 14 mo	56 Alen spring	
NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Guaryton Fardens Norsing Home	1616 Gershing Da	YES NO B
DECEASED /	dey 1. DATE Month OF DEATH Care H	958 19
EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		
Hush White WIDOWED DIVORCED	2-15-1862 96 yrs. Morris	Days Hours Min.
UNUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST uping most of working life, even if retired)	RY 11. BIRTHPLACE (Stote ar fareign country) 12. CITIZ	EN OF WHAT COUNTRY?
howevile	Wash J.C. 1	1. S. a
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Joseph Idas	Maria Ossenger	
WAS DECEASED EVER IN U. S. AKMED FORCESP 16. SOCIAL SECURITY NO. 17. IF	NFORMANT Address	
0	hursing home Plechal	
	h i	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0)	1 Harline	1 W/
903.7 DUE TO		
Conditions, if ony, which) (b) Inactions of	lift Trop	1 mo-8 day
Dur vo		
couse lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
arteris scherotis' heart	deseure	YES NO
206. EXTERNAL CAUSE WAS PRIMARY GO OF CONTRIBUTING TO CAUSE OF DEATH.	nter noture of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAN	CE OF INJURY (Home, farm, 120f, (City or town) (Cour	nty) (State)
		it in
		yuy rhy
		, .
Accident	A, solide [], Hollicide [], Olidefermined in	ionner [
SIGNATURE Frank J. Broschant	_M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EVAMINED'S TIA SILL TO	ASSISTANT MEDICAL EXAMINER	
NAME (Type) FANK U. Bhoschalt	DEPUTY MEDICAL EXAMINER   8-4-	-78
	CREMATORY 22d. LOCATION (City, lown, or county)	(Stote)
ourial 8/7/58 Oak Hill Ce	metery Washington, D. C	
FUNERAL DIRECTOR'S SIGNATURE 2001 THE ST	240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIG	
The S.H. Hines Co. Washington 9. D	C DATE AUG 6 '58 Clefteau	eh
	COUNTY  MARYLAND  CUTY OR TOWN (if outside corporate limits, write nursal conditions, contributions of principal conditions, contributions (if not in hospital, give street address)  NAME OF DEATH  EX  COLOR OR RACE  First  PACECASED  TOWN (if even if retired)  TOWN (if yes, give wor or dotes of principal)  FAIHER'S NAME  PART 1. DEATH WAS CAUSED BY:  CONDITIONS, if ony, which gove rise to immediate couse (c), stating the underlying couse lost.  PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO.  200. EXTERNAL CAUSE WAS PRIMARY   Or CONTRIBUTING TO DEATH BUT NO.  200. EXTERNAL CAUSE WAS PRIMARY   Or CONTRIBUTING TO DEATH BUT NO.  21. I certify that ) took charge of the remains described aboopinion death resulted from: Natural Couse    ACTUAL CREMATION. 22b. DATE THEREOF  EXAMINER'S INAME  EXAMINER'S INAME  PART I. CITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO.  21. I certify that ) took charge of the remains described aboopinion death resulted from: Natural couses   Accident    ACTUAL SIGNATURE  EXAMINER'S AND CONTRIBUTION CONTRIBUTION.  BURIAL CREMATION. 22b. DATE THEREOF  EXAMINER'S NAME   Appress    BURIAL CREMATION. 22b. DATE THEREOF  EXAMINER'S NAME   Appress    PAPPERS S. H. His norm Contribution of the principal couse    10. Appress    10. A	PART IN OTHER SONNECTED NAME  COUNTY  MARYLAND

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded 1, 4, as Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Sign 3 shauld be used as a burial-transit permit.—Eile pages 1 c. R. with the State Board af Health, or its designated agent, prior to burial, cremation, ar removal, and m any event within 72 hours after death. VS. A15ME 5M 2/57

CONTRACTOR OF THE MINISTRAL AT THE Darry Vande Profile Of remover satisfies by the SERVICE AND SERVICE

VS A15 (4) 15M 9/55 C

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9340 Tten	CERTIFIC	ATE OF DEATH		Reg. Dist. t	vo. 09335
1. PLACE OF DEATH o. COUNTY MONTGONE NO	MARYLAND	2. USUAL RESIDENCE (Who		institution, Residence b	efare admission)
b. CITY OR TOWN (If outside corporate limits, write / c. RURAL and give nearest fown)	26 dans	x Dethe	stride corporate limit	s, write RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION	+ Home	d. STREET ADDRESS	paseva	1454	Is residence     On a farm?     YES    NO    NO
3. NAME OF DECEASED (Type or print)  Ale 54e	Middle	Trarger	4. DATE OF DEATH	Aug ,	Day Year 1958
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED [	DIVORCED D	SEPT, 30, 18	last b	In years FUNDER 1 YE irthdoy) Months Doy yrs.	AR IF UNDER 24 HRS. 's Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIN suring most of working life, even if retired)	ID OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME, Warne	1	14. MOTHER'S MAIDEN NA	known		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	CIAL SECURITY NO. 17	elson Tha	rner	Address	
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY]	or (o), (b), and (c).)	codial 1	n favet		NTERVAL BETWEEN PASET AND DEATH
Conditions, if any, which)  DUE TO  Conditions, if any, which)	oselectie	Cardio-Vaso	a budi	serse	2 years
gave rise to immediate couse (a), stating the <u>under-lying cause lost.</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CON  CUTE SCIULTED LOCAL  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF DEATH  OR CONTRIBUTING OF DEATH  OR CONTRIBUTING HORDCAL EXAMINER)	/ / 4	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDI	TION GIVEN IN PART 1(d	PERFORMEDS YES NO
	BE HOW INJURY OCCURRE	ED. (Enter noture of injury in Po	ort I ar Part II of ite	m 18.)	
Zoc. TIME OF INJURY Month, Doy, Year 20d. INJU While of work	Not while fo	ACE OF INJURY (Home, farm, scrory, street, office bldg., etc.)	20f. (City ar town	(Coun	ty) (Stote)
21. I certify that I attended the deceased alive on 1958	from Ly 2	1958, to H	M. from the c	1958, that I last auses and on the	saw the deceased
ACTUAL SIGNATURE HOSE CONTROL OF THE STATE O	with		DORESS (Street, cy		16 Fue. 19
PHYSICIAN'S C. Roger Ku	++2,MD	Wan	lug for	18.DC	1/2
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) AUG, 19, 1958	ARLINGTON	a/.	22d. LOCATION (CI		(State)
23. FUNERAL DIRECTOR'S SIGNATURE  L. P. I YES, Mad., 2847 W.L.	ADDRESS SUN BLUD AD	LINGTON DATEUG	BY REGISTRAR 1	Andreas Signa Andreas Signa	TURE

2 . . . .  ely filled in by the funeral director. Pages 1 and 2 should be filed with

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TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After it certificate has been signed by the attending physician and carpage 3 should be detached from as the burial-transit permit. Then please remove carbon papt the registrar priar to burial, cremating, ar remayal, and in any event within/2 hours after death.

VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

09336

	Keg. Dist. No.
1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside carporote limit), write c. LENGTH OF STAY IN 1b	c. CITY QR TOWN (If outside carporate limits, write RURAL and give nearest town)
GAL The ERS burge 3 Ups	X GAITHERS BURD
d. NAME OF HOSPITAL (If not in haspital, give street oddress)  OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
3 MEEM AUE.	5 MEEM AUE YES NO B
3. NAME OF DECEASED (Type or print) NANCY WALLA	CE WARNER DEATH AU 0 18 1958
5. SEX    6. COLOR OR RACE  7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	8. DATE OF BIRTH  9. AGE (In yydrs   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Doys   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUduring most of working life, even if perfeed)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BEU, WM WALLACE  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	MARGARET ELDER
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes. no. or unknown)  (If yes, give wor or dotes of service)	EV. J.O. WARNER RAY THER SHEET
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart	Tailure . ONSET AND DEATH
443× DUE TO	
Conditions, if any, which gave rise to immediate (b)	"Tyocarditis"
couse (a), stating the under lying couse last.	on Arterios Clerosis.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE SUM OF CONTRIBUTING TO DEATH BUT TO THE SUM OF CONTRIBUTING TO THE SUM OF CONTRIBUTION OF CONTR	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NOV
	ED. (Enter nature of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to 19 at work of work of the 20d. INJURY OCCURRED to 19 at work of the 20d. INJURY OCCURRED to 20d. INJURY OCCURRED	LACE OF INJURY (Home, farm, octory, street, affice bldg., etc.) 20f. (City ar town) (Caunty) (State)
21. I certify that I attended the deceased from 15 5	V, 19 , to Aug. 18, 1958 that I last saw the deceased
alive on Aug. 18 , 19v 8 , and that death	h accurred at (30 P.M., from the causes and an the date stated above.
	ADDRESS (Street, city or town, stote)  DATE SIGNED
SIGNATURE Lucino / Ceal	MD. Gaithers burg MQ.
PHYSICIAN'S Luciano 1. Lea	IMD.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial 8/22/58 Parklawn	Montgomery County, Md.
23. FUNERAL DIRECTOR'S SIGNATURE 2901=14th	CHN. W 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
THE J. H. HINESCO. WAS SINGTON	U D.C. DATEAUG 2 0 '58 arthur S. Kraus

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09337

	9342		CERTIFICA	VIE.	OF DEATH			Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY			MARYLAND	2. US	SUAL RESIDENCE (WH	N-HI	d lived. If institution b. COUNTY	nı Resider	nce befo	re admis	ision)
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b				Maryland Montgomery  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
RURAL ond give	nearest town)		C. LENGTH OF STAT IN TO	. 9				JAME ONG	Bive nec	11421 10W	***)
Chevy	Chase	aive street	address)	X	Chevy STREET ADDRESS	Chas	e			- IC DE	CIDENICE
	PITAL (If not in hospitol, Nand Stre		oddiessy	1		and	Street				SIDENCE A FARM? NO 🔯
3. NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE	Mont	h	Da	y	Yeor
(Type or print)	FLOREN	CE	В	V	VEBB	OF DEATH	August		5		19 58
5. SEX	6. COLOR OR RACE	7. MARE	IED NEVER MARRIED	8. DAT	E OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR		ER 24 HRS.
Female	White	WIDOW	DIVORCED	Anc	י וו ופּ	70	lost birthday)	Months	Days	Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of work	done 10b.	KIND OF BUSINESS OR INDUS	TRY	1. BIRTHPLACE (Stote	or foreign o	ountry)	12. CI	TIZEN C	F WHA	TCOUNTRY
	orking life, even if retired	9)			77	4		TY	0		
HOUSEW	TIE			14.	Wermon MOTHER'S MAIDEN N				5		
	7 11 7	,				-					
Sam	VER IN U. S. ARMED FO	OOKS	SOCIAL SECURITY NO. 117 H	NFORM	Emma	L.S	mith Addr	•••			
(Yes, no, or unknown)	(If yes, give wor or dates of	service)		-						100	
No			78-46-611QB	De	eWitt C.	Webb	-husband	-sa			2b
	EATH [Enter only one c	ouse per li	ne for (o), (b), and (c).)		4						ETWEEN D DEATH
0.0	EATH WAS CAUSED BY: IMMEDIATE CAUSE (	01/10	m1p/e9/a,	1	i Seve	1º0			1	1-d	avs.
334×	DUE TO	0	, , , , ,				,	,			/
Conditions, if		01 /4	Terio Sclt	16	15/5. 96	npa	9/15ed		1	5 VI	157
gove rise to couse (o), stotin		)			//					1	
lying couse los		c)									
Z PART II. C			ONTRIBUTING TO DEATH BUT	NOT R	ELATED TO THE TERM	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS	AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  AUTICULAR - 1 DV1/ATION With CONGESTIVE FOIL OF PORT II of item 18.)  20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)											
20a. ACCIDENT	WAS UNDERLYING A	20b. DES	CRIBE HOW INJURY OCCURRE	). (Ente		Port I or Por	rt II of item 18.)				124
OR CONTRIBUTION	NG CAUSE OF DEATH FY MEDICAL EXAMINER)	-	-								
3 20c. TIME OF INJ	URY Month, Doy, Ye	or 20d. II	NJURY OCCURRED 20e. PL	ACE OF	F INJURY (Home, form	. 20f. (Cit	v or town)		County)		(Stote)
Hour o. m	1.	While	Not white for	tory, st	treet, office bldg., etc.	.)		***	,,		(5.0.0)
р. п	1. "	of wor	k ot work	- 50		4		N			
21. I certify	that I attended the	e deceas				1.09	5, 19.5_1				
alive on	4095	, 12_	Sy, and that death	occu					he da	te stat	ed abave
	19.	-0	0//		0001	ADDRESS (S	treet, city or town,	stote)		D	ATE SIGNE
ACTUAL SIGNATURE	Junar	w	MAD	M.D	3921 +1	1900	191011	V. 41.		7	55
PHYSICIAN'S NAME (Type)	Stewa	rt	Clapp		wash	15	D.C.			~~~~	
220. BURIAL, CREMAT	ION, 226. DATE THERE	OF	22c. NAME OF CEMETERY O	R CREA	MATORY	22d. LOCA	TION (City, town, o	r county)		(Sto	te)
REMOVAL (Special CREMATT		8	Cedar Hill	Cr	rematory	-	uitland	. Ma	rvl	and	1. 1.
23. FUNERAL DIRECTO			ADDRESS			D BY REGIS		-			
Robert A	. Pumphre	v B	ethesda. Mar	377 5	and DATE	21115	0 0001		-1		
		y 12	TOTAL PROPERTY.	Y -L C	4+64			A 17.1 1	114		

VS A15 (4) 15M 9/5S

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HT OF DEATH	trace CERTIFICA
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	Daniel was it many property of the second
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	er auc.
	and the second of the second state parts 1.15 and the second seco
Crimingory - Granden, Device of Verognation	
	The second secon

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

D FUNERAL DIRECTOR: M. : this certificate has been signed by the attending physician and page 3 shauld be detach. It use as the burial-transit permit. Then please remove carbon the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after deal the registrar prior to burial, crematian.

may be retained by the kaspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signage 3 should be detach.

VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

934	43	CERTI	FICAT	E OF DEAT	H		Reg. Dist.		
1. PLACE OF DEATH o. COUNTY	Тартего	MARY	rLAND 2.	USUAL RESIDENCE (VO. STATE MOLE)	Where deceased	d lived. If institution b. COUNTY	100	before admiss	
b. CITY OR TOWN (IF RURAL and give near		1	IN 16	Kens	outside corpo	rote limits, write RU	IRAL and give	nearest low	n) /
	L (If not in hospital, give st		1	d. STREET ADDRESS	Evere	TT ST			SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	First	Middle	1 ,	lost	4. DATE OF DEATH	Mont	h	-	Yeor 19 5 8
5. SEX male	6. COLOR OR RACE 7.	MARRIED NEVER MARRI	ED [ 8. D	ATE OF BIRTH	277	9. AGE (In year) lost birthdoy) yrs.	IF UNDER 1 Y	EAR IF UND	
10a. USUAL OCCUPATION during most of working	f (Give kind of work done og life, even if retired)	106. KIND OF BUSINESS C	OR INDUSTRY		1	ountry)	0	N OF WHAT	
13. FATHER'S NAME	eph we	ber	1.	Elizab		Shum	che	_	
	IN U. S. ARMED FORCES? yes, give wor or dates of service)	16. SOCIAL SECURITY NO	0	rmant Ish Web	er	4413 E	vere	TT ST	2.
PART I. DEAT	H [Enter only one cause p H WAS CAUSED BY: MMEDIATE CAUSE (o)	per line for (a), (b), and (c)	esp	atom ,	Porlu	re		INTÉRVAL BE	TWEEN
33/x Conditions, if on	DUE TO	Cerebrow	asen	lar ac	cicle	nl		June	199
gove rise to im couse (a), stating the lying couse lost.	mediate (	Pereferova	sev-la	arter	iozel.	eroses		aug-	1450
PART II. OTHE	R SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART 1	PERFO	AUTOPSY ORMED?
	UNDERLYING 20b. CAUSE OF DEATH SEDICAL EXAMINER)	DESCRIBE HOW INJURY O	CCURRED. (E	nter nature af injury i	n Port I ar Par	I II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	w	Od. INJURY OCCURRED  /hile Not while  r work of work	20e. PLACE factory	OF INJURY (Home, fo , street, office bldg., e	rm, 20f. (City	or town)	(Cau	nty)	(State)
21. I certify the	t I attended the dec	- N ()		, 1958, to curred at 8 4	ang.		that I las		
ACTUAL SIGNATURE	then Atte	stant				treet, city or town,			ATE SIGNED
PHYSICIAN'S NAME (Type)	Fee J	uneras	0	Home	·				
220. BURIAL, CREMATION REMOVAL (Specify)	aug. 18/3	8 22c NAME OF CEM	ETERY OR CE	EMATORY OF THE PROPERTY	The local	TION City, Iown,	ing	(Stat	101.
23. FUNERAL DIRECTOR'S	SIGNATURE /	the Ma	a a	DATE A			TRATS SIGN	ATURE	

CERTIFICATE OF DEATH AND STATE OF THE							
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					Section .		
				of the contract of			

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4	havered the Amount Switch Selven in the Medical			

VS A15 (4) 1SM 10/57 M

	9196 CERTIFICA	ATE OF DEATH  Reg. Dist. No.
)	1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE  Maryland b. COUNTY  Montgomery
	b. CITY OR TOWN (If outside corporate limits, write RITRAL and give yearest town)  A max Par  d. NAME OF HOSPITAL (If not in hospital, give street oddress)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest lown)  56 5: Uer Springs,
5	Washing for Sanitarium  3. NAME OF	d. STREET ADDRESS  10609Lorain Avenue  e. 15 RESIDENCE ON A FARM? YES NO
	(Type or print) touthing, Claude	B. DATE OF BIRTH  4. DATE OF BIRTH  9. AGE (In year)  9. AGE (In year)  19. AGE (In year)
	Male White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	6-12-86 72 yrs.
1	13. FATHER'S NAME	Michigan America
)	(Yes. no. or unknown) (If yes, give war or dates of service)	NFORMANT Paddress
	1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A CUTE FORMA	INTERVAL BETWEEN ONSET AND DEATH
	570,5 DUE TO	CPERITONITIS 5-DAYS.
	cause (o), stoting the under-	STINAL OBSTRUCTION 5-7 DAYS.
2		OSTENCEPHALITIC TARKINSONISM YES NO
	4 20c TIME OF INITION Month Day Very 20c I MANUAL OCCUPAND 20c PLA	D. (Enter noture of injury in Port I or Port II of item IB.)
	Hour o. m. p. m.  19 While Not while fac at work at work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) fory, street, office bidg., etc.)
	21. I certify that I attended the deceased from alive on 18 Aug., 19 58, and that death	occurred of 5 AM, from the causes and on the date stated abave.  ADDRESS (Street, city or toy), state)  DATE SIGNED
-	indi	MD. 9013 FLOWER AVE. 8/19/58
/	PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Specify)  220. REMOVAL (Specify)  220. REMOVAL (Specify)	C CREMATORY 220- YOCATION (City) Jown, or county) (State)
4	23. FUNGRAL DIRECTOR'S SIGNATURE 2010 DADRESS	Jausoleum (Funce Sto, Co. Matylan)  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	A WILKIE STOCKERS AS & Carried DV ME	DATE AUG 21 '58   Orthun S. Frank

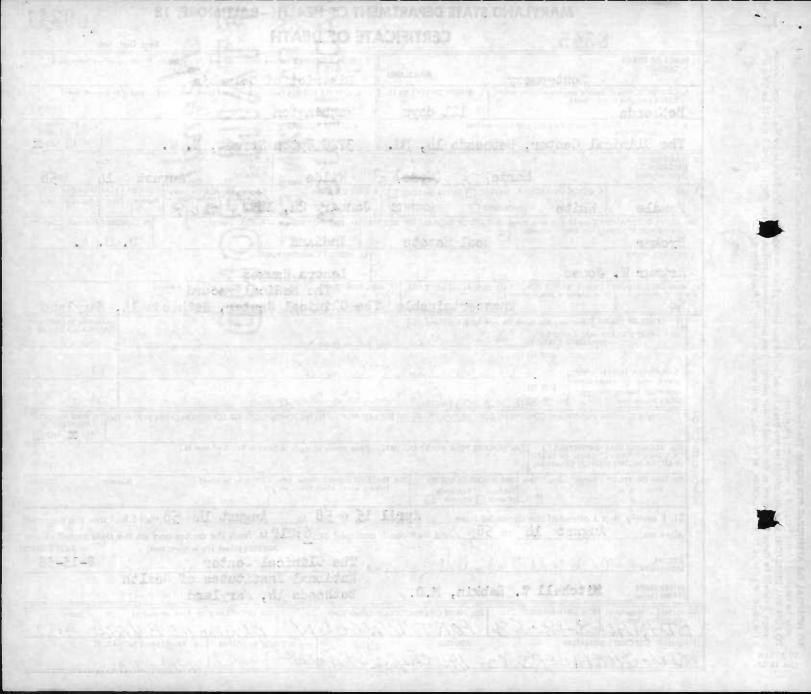
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VS A15 (4) 15M 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	9345		CERTIF	ICATE OF DEAT	H	Reg. D	ist. No.
1, PLACE OF DEATH o. COUNTY	Montgome	ery	MARYLA	2. USUAL RESIDENCE (VO. STATE District	where deceased lived.	. COUNTY	nce before admission)
b. CITY OR TOWN (III RURAL ond give ne Bethesda	outside carporate limi	Is, write c. LEI	NGTH OF STAY IN		f outside carparate lim		give nearest town)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospitol, g	ive street oddress	s)	d. STREET ADDRESS	n Street.	N. W.	e. IS RESIDENCE ON A FARM? YES NO 50
3. NAME OF DECEASED (Type or print)	Fir		Middle (None	lost Wilde	4. DATE OF DEATH	Month August	Day Yeor 14 1958
5. SEX	6. COLOR OR RACE			1	1889 9. AGI		R 1 YEAR IF UNDER 24 HRS
Female	White	WIDOWED [	DIVORCED	January 24,	to ay foreign country)	169	TIZEN OF WHAT COUNTR
Broker	ing life, even if retired	Rea		Indiana	e of foreign country)		. S. A.
13. FATHER'S NAME	Tomas			14. MOTHER'S MAIDEN			
Arthur W.  15. WAS DECEASED EVER		CESS 14 SOCIA	I SECTION NO	I Lenora H		Address	
(Yes. no. or unknown)	If yes, give wor or dates of s	ervice)	rtainable	THE ME	dical Reco		l. Marril and
	TH [Enter only ane ca			p Ind Olinical	oemer, i	be onesua I	Interval Between
	TH WAS CAUSED BY:	ann.	. 10 .				ONSET AND DEATH
1911 X	IMMEDIATE CAUSE (o		starte	o concernana			Mar
Conditions, if an	w which )	Can		8 H 20			11.
gove rise to in	nmediote (		cenama	as amnora			yrs
lying couse lost.	he under-		asslere	heard failure	9		Hre
_			BUTING TO DEAT	H BUT NOT RELATED TO THE TER	MINAL DISEASE CONE	DITION GIVEN IN PAI	RT 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTH  20a. ACCIDENT WA  OR CONTRIBUTING  (IF EITHER, NOTIFY)	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCC	CURRED. (Enter noture of injury i	n Port I or Port II of it	tem 18.)	
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yea	While N	OCCURRED 2	Oe. PLACE OF INJURY (Home, fo foctory, street, affice bldg., e	rm, 20f. (City or tow	(n) (	(County) (State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	August 11  August 11  Mitchell	1, 19 58 1. Rabki	and that d	National		causes ond on the or town, stote)	8-15-58
220. BURIAL, CREMATION	V. 22b. DATE THEREO						
REMOVAL Specify) 23. FUNERAL DIRECTOR'S	8-18-	58 1	NAME OF CEMETI	ERY OR CREMATORY  WASH D.C. 240. RE	BLAD	ENSBU 246. REGISTRAR'S SI	RG MD



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9197 Reg. Dist. No. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY o. STATE MARYLAND ntgoinery ō b. CITY OR TOWN (If guiside corporate limits write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate lienits, write RURAL and give negres) town) 1 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NAME OF DECEASED Middle DATE Last Month (Type or print) DEATH AUGUST 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. last birthday) WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Med OSTEOPATH 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME bod Page U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 0 (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Subarachnord IMMEDIATE CAUSE (o) 230 X **DUE TO** Conditions, If ony, which gove rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) Not while factory, street, office bldg., etc.) While a. m. ot work at wark p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry A and find that farwarded to the Chief StuneRAL DIRECTOR: Suicide | death resulted from: Natural causes Homicide | Undetermined cause | ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type), 220. BURIAL, CREMATION, 22b, DATE THEREOF 2200 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 0 23. EUNERAL DIRECTOR'S SIGNATUR 24a. REE D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS. A15ME(5) arihun & Krays

e. IS RESIDENCE ON A FARM? YES NO

Year

Hours

INTERVAL BETWEEN 24 h.

20 91.

PERFORMED? NO Z

(Stote)

(State)

19 5

Min.

Day

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1 \_	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	9198 CERTIFICATE OF DEATH  Reg. Dist. No.
I director, filed with	PLACE OF DEATH a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY  MARYLAND  COUNTY  MARYLAND  A MARYLAND
the funeral shauld be fi	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RUBAL and give nearest town)  RUBAL and give nearest town)
2 20	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR A FARM? YES NO
n 24 haur filled in b ges 1 and	I. NAME OF DECEASED (Type or print) Baby Boy Middle Wilson And Date Month Day Year OF DEATH AUGUST 1950
	6. COLOR OR RICE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthday) WIDOWED DIVORCED Solves.  8. DATE OF BIRTH Solves of FUNDER 1 YEAR IF UNDER 24 Hrs. Manths Days Hours Min.
nd compl on papering death.	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. CITIZEN OF WHAT COUNTRY  14. BIRTHPLACE (State or foreign country)  15. CITIZEN OF WHAT COUNTRY  16. CITIZEN OF WHAT COUNTRY  17. CITIZEN OF WHAT COUNTRY  18. CITIZEN OF WHAT COUNTRY  19. CI
physician and smare carban ghaurs after de	Roger Wilson 14. Mother's Marben NAME Ruth Greek Jones
ing physicia ing physicia ie remave co 72 haurs af	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Yes, no. or unknown)  (If yes, give wor or dates of service)  Father  Address
t the death ce the attending Then please re vent within 72	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Concenital Heart Disease  INTERVAL BETWEEN ONSET AND DEATH  3 2 6, 45
gned by the a permit. Then in any event	Conditions, if ony, which gove rise to immediate couse (o), stating the under-
e faw req physician. as been si al-transit aval, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
Ficate had the purificate had ar rem	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
al or off	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 20e. PLACE OF INJURY Hame, form, foctory, street, office bldg., etc.) (City ar town) (County) (State)
ATTENDING  y the haspit TOR: After y detached for to burial, cr	21. I certify that I attended the deceased from
retained IREC Should be should be strar prior	PHYSICIAN'S NAME (Type)
may be r o FUNER page 3 st the regist	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)  Proposal (Specify) 8-2-58 by Wash. San. & Hosp. Takoma Park, Md.
VS A15 (4) 15M 10/57	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE ALIG 8 '58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Table Control of the Control	

VS A1S (4) 1SM 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9347

## **CERTIFICATE OF DEATH**

09345

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY				100	2. USUAL RESI	DENCE (Whe	ere deceased	lived. If instituti		nce befare	admissi	ion)
	NTGOMERY		MARY	LAND	Ì	MARYLA	ND			GOMEI	RY	
b. CITY OR TOWN (III RURAL and give ne SILVER		ts, write	c. LENGTH OF STAY		ports 1			ote limits, write R	URAL and	give near	est town	}
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)		d. STREET A	SILVER	SPRI	NG.		1.	. IS RESI	DENICE
OR INSTITUTION					1	ND NESS					ONA	FARM?
	VER SPRING	AVE	(UE		814 3	SILVER	SPRI	NG AVENU	(E)		YES [	NO 🔯
3. NAME OF DECEASED (Type or print)	CHARLES GE		Middle WINSLOW		los	51	4. DATE OF DEATH	AUGUST	1 O	Day		958
5. SEX			IED NEVER MARRIE	ED [] B	DATE OF BIRTI	Н	1	9. AGE (In years	do d	RIYEARI		
male	white	WIDOWE	DIVORCE	D	ecember	8.18	94	last birthday)	Manths	-	Haurs	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work of ing life, even if retired)	dane 10b.	KIND OF BUSINESS O	R INDUSTR	Y 11. BIRTHPL	ACE (State o	or foreign co	untry)	12. CI	TIZEN OF	WHAT	COUNTRY
butcher	ing life, even if retired		st. Grocer	er Cto	200	Dura	010			TT C		
13. FATHER'S NAME		DI	St. Glocel	y Sto	14. MOTHER'S		sia			U.S.A	20	
					14. MOTHER 3	MAIDEN N	nm.					
unkno						u	nknown					
15. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of se		SOCIAL SECURITY NO	. 17. INF	ORMANT			Add	ress			Va
no			77-09-9196	Art	hur J.	Willi	amson	5427 Ta	nev D	r. Al	lexa	ndria
Canditians, if ar gave rise to in cause (a), stating t lying cause last.	nmediate DUE TO	)	sterio 9.	deni	tre ou Vasur	lar !	Biseo	rsive Cer	Dio	04		
3 7ou	er significant con	Corel	11 1	~	1	THETERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR		PERFO	NO
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OF	CCURRED.	(Enter nature a	f injury in Po	art I or Part	11 of item 18.)				
20c. TIME OF INJURY Haur o. m. p. m.	Month, Doy, Yeo	20d. IN While of work	Nat while of wark	20e. PLAC	E OF INJURY (I	Home, form, bldg., etc.)	20f. (City	or tawn)	((	County)		(State)
alive an De	at I attended the	195	The and that	death o			M, fram	the causes of the causes of the causes of the causes of the cause of t	ind on t		state	
220. BURIAL, CREMATION REMOVAL (Specify) BUTIAL	Aug. 21,		22c. NAME OF CEME Gate of H					ON (City, town, or Spring		Maryl	(Stote	}
23. FUNERAL DIRECTOR'S		arega	ADDRESS U Silver	Spri	ng Md	24a. REC'D	BY REGISTR 0 '58		TRAR'S SIG	GNATURE		

	MARYLAND STATE DEBARTMENT OF STALTH - SALTIMORE IS
7	CEDITICATE OF DIAGRAM
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requires that the death certificate be executed within 24 hours after death. Page

the attending physician and camp Then please remavy carbon paper vent within 72 hour after death.

or attending physician.

pertificate has been signed by the constitution of the burial transit permit. Then

ATTENDING PHYSICIAN: The low

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9348

#### **CERTIFICATE OF DEATH**

- 0	9	3	4	6
V	v	V	-	"

(Stote)

				Reg. Dist. No	*
a. COUNTY MONTGO	MERY	MARYLAND	2. USUAL RESIDENCE (Where dec o. STATE Maryland	ceased lived. If institution: Residence before b. COUNTY Montgom	
b. CITY OR TOWN RURAL and give Kensing		s, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of Chevy Chase	corporate limits, write RURAL and give ne	arest town)
OR INSTITUTION	on Gardens R		d. STREET ADDRESS  33 Quinci	u Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	AGNI		WOLFINGER 6		y Yeor 19 58
s. sex Fe	W	7- MARRIED NEVER MARRIED NUMBER NOT	B. DATE OF BIRTH  July 15, 1884	74 yrs. Months 28's	Hours Min.
during most of wo Housewi	rking life, even if refired)	one 10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stole or fore	ign country) I2. CITIZEN (	OF WHAT COUNTS
Andres	Sonerson		14. MOTHER'S MAIDEN NAME Louisa A	nderson	
15. WAS DECEASED EV (Yes. no. or unknown) NO	ER IN U. S. ARMED FORG	rvice)	nformant arroll M. Wolfing	Address ger-sone-same as 2	d
18. CAUSE OF DE	ATH [Enter only one car	use per line for (o), (b), and (c).]	T		ERVAL BETWEEN
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	arthrosel	eratic h	tare ordina	140
PART I. DE  4 20.0  Conditions, if gove rise to cause (a), stoting	DUE TO  ony, which (b)	gueralije	d arterio	selerosis	14-
Conditions, if gove rise to cause (a), stoting lying couse lost	IMMEDIATE CAUSE (a) DUE TO Only, which immediate the under-	gueralije	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART I(0)	PERFORMED?
Conditions, if gove rise to cause (a), stoting lying couse lost  PART II. OT  PART III. OT  PART III	IMMEDIATE CAUSE (a) DUE TO Only, which immediate the under- Color (c) THER SIGNIFICANT COND	gueralije			19. WAS AUTOPSY PERFORMED? YES NO

page 3 should be detached the registrar priar to burial may be retained by the TO FUNERAL DIRECTOR: TO HOSPITAL OR VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, REMOVAL (Specify) Bur-Transit

ADDRESS Bethesda, Maryland

22c. NAME OF CEMETERY OR CREMATORY

Glendale Cemetery

W. Nealow

22b. DATE THEREOF

8/13/58

24g. REC'D BY REGISTRAR DAMIG 1 4 '58

1746 K St. N. W. Washington, D. C.

22d. LOCATION (City, town, or county)

DesMoins, Iowa

24b. REGISTRAR'S SIGNATURE arthur S. Kraus

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the control of the feet panels of the A. I. A transport	A TABLE CONTRACTOR STREET OF AUTOFACTOR AND LANGUAGE AND
in the size, it is absolute on the	Treffe Market of a Market
	rel elforate SANTA I thington

	934	9	CERTIFICA	ATE OF DEATH			Reg. D	ist. No.		-115
1. PLACE OF DEATH a. COUNTY Montgome	ery		MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland	nere deceased l	b. COUNTY	n: Reside		re odmis	sion)
b. CITY OR TOWN RURAL and give a	(If outside carparate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpora	te limits, write RI	JRAL ond	give nec	rest tow	n)
Olney	nearest town)		9 days	X Burtonsvil	le					<b>V</b>
OR INSTITUTION	ove Nursing		address)	d. STREET ADDRESS					ON	SIDENCE A FARM?
3. NAME OF	Fir	st	Middle	Last	4. DATE	Mon	th	Da	٧	Year
(Type or print)	Le	wis	<b></b>	Wootten	OF DEATH	Augus	t	1	3	19 58
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE /In years	IF UNDER		IF UND	ER 24 HRS.
Male	White	WIDOW		3/9/73		last birthday) 85 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work	dane 10b.	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State	ar foreign cou		12. CI	TIZEN C	F WHA	T COUNTR'
Farmer	rking life, even if retired (Retired)	,	Marin	Marv	land			US	A	
13. FATHER'S NAME	(20-		<u> </u>	14. MOTHER'S MAIDEN I						
Johr	Henry Woot	ten		Margaret	Elizah	eth Mit	chel	1.		
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addi				
(Yes, no. or unknown)	(If yes, give war or dates of s	ervice)		Hospital Re	cords	0	lney	. Ma	rvls	nd
18. CAUSE OF DE	ATH [Enter only one co	use per li	ne far (a), (b), and (c), 1	/	1 1		-M:			ETWEEN
	ATH WAS CAUSED BY:	/	171	Lalos H	1. 1	trail	Die			DEATH
904.0	IMMEDIATE CAUSE (o		www	10	u u	*	, - , -	-42.	110	77000
Canditians, if		D,	1 kmser	no lleve	nal			1	us.	
gave rise ta	immediate (	SI	our trough	0 70	1			10		4
lying cause last.	the nuger-	4	solein	left try	5			1	140	lay
PART II. OT	THER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	NAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(o) 1	9. WAS PERFO YES	DRMED?
	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	200 DES	cribe how injury occurre	D. (Enter nature of injury in	Part I or Part I	of item 18.	41	Les	nu	P
20c. TIME OF INJU Hour a. m. p. m.	10,7 30,5	While	NJURY OCCURRED 20e. Pl Not while k at wark	ACLOF INJURY (Home, form ictory, street, office bldg., etc	Der	renor	ree.	County)	mi	(State)
	hat I attended the	deceas	201	19.58,10	713		-			decease
alive on	14/10	12.	and that death			the causes a		he da		ed abav
ACTUAL SIGNATURE	TIV	De	rd	M.D. San	ly &	Be	-7		8/1	3/5
PHYSICIAN'S NAME (Type)	J. W. B	ird,	M. D.	San	dy Spri	ng, Md.	/		/	/
REMOVAL (Specify	ON, 226) DATE THEREO	195	22c. NAME OF CEMETERY C	or CREMATORY Com	22d. LOCATIO	ON (City, town,	or county)	m	(Sto	te)
23. FUNERAL DIRECTOR	R'S SIGNATURE	08	ADDRESS	1 240. REC'	D BY REGISTRA	AR 24b. REGIS	TRAR'S SI	GNATUI	₹E	

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and complicaty filled in by the funeral phrector, page 3 should be detached for a street burial-transity permit. Then please embore carbon pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within/72 haurs after death. VS A15 (4) 15M 10/57

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	MARYL	AND	STATE DEPA	ARTM	LENT OF HEALTI	H-BAL	TIMORE, 1	8		09348
	9350		CERT	IFIC	ATE OF DEATI	H		Reg. Dis	st. No.	
1. PLACE OF DEATH a. COUNTY	Montgome	rv	MAR	YLAND	2. USUAL RESIDENCE (WO o. STATE		d lived. If institution b. COUNTY	on: Resident	te before od	
b. CITY OR TOWN (I	f outside corporate limit		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	-	prote limits, write R	URAL ond g		
	Olney		19 day	3		lbine		13>	( 2	
or institution  Montgomery	AL (If not in hospital, gi	_		Tnc	d. STREET ADDRESS Box	77 R	oute #2		0	RESIDENCE N A FARM?
3. NAME OF	Firs		Middle		lost	4. DATE	Mon	el.	Day	Yeor
(Type or print)	Howe		Louis		Worthington	OF DEATH	Augu		9	19 58
5. SEX	6. COLOR OR RACE	7. MAR			B. DATE OF BIRTH		9. AGE (In years lost birthday)			NDER 24 HRS
Male		WIDOW		101	July 3,1899		59 yrs.	Months	Doys Ho	urs Min.
10o. USUAL OCCUPATIO	ON (Give kind of work d	one 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign o	ountry)	12. CITI	ZEN OF W	HAT COUNTRY?
	one		non	6	Maryland				U	. S. A.
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Loui	s Worthingt				Susie Hamm	nond				
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORCE		SOCIAL SECURITY NO	0. 17. 1	INFORMANT		Addi	ress		
no	_		none	H	lospital Recor	rds				
	mmediate (	C.	erebro yperkus	Vas	cular acció	dent riva	leronia		nan	duys years
PART II. OTH	ER SIGNIFICANT COND	OITIONS (	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	PE	AS AUTOPSY REFORMED?
(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRE	D. (Enter noture of injury in	Port I or Par	t II of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Year 19	20d. II While of wor	NJURY OCCURRED  Not while k ot work	20e. PL fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc	n, 20f. (Cit	or town)	(C	County)	(Stote)
ACTUAL SIGNATURE PHYSICIAN'S	at I attended the separate g	deceas _, 19_=		/	accurred at 3:10	ADDRESS (S	n the causes a treet, city or town,	ind on th		
220. BURIAL, CREMATIO EMOVAL (Specify)	B. R. Gans, N. 226. DATE THEREOF 8-/3-5	M. -8'	22c NAME OF CEM			22d 10CA	TION (City, town, o	or county)	weed!	Stote) Stote)
23. FUNERAL DIRECTORY	S SIGNATURE	ht	ADDRES'S	wit	ll, you DATE	D BY REGIS	TRAR 24b. REGIS	TRAR'S SIG	S. Krau	4

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

351	CERTIFICATE OF	DEAT

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		9351		CERT	IFIC.	ATE OF I	DEATH			Reg. Di	st. No.	U	0020
1.	LACE OF DEATH	tgomery		MAR	RYLAND	2. USUAL RESI	DENCE (Who	ere decease	d lived. If instituti b. COUNTY		tgor		
	CITY OR TOWN (II	outside carporale lim	ils, write	c. LENGTH OF STA	Y IN 1b	1		utside corpo	rate limits, write R	URAL ond	give neo	rest tow	n)
	Bethesda	arest town;		26 days		Rocky	ille						
	OR INSTITUTION	AL (If not in haspital,	give street	address)	E 18	d. STREET A	DDRESS	Dece					FARM?
	The Clinic	al Center		Middl	1-	Los	Ashle	4. DATE					363
	DECEASED Type or print)	Jettye		E11		Wyat		OF DEATH	22 Au	gust	Do		Year 19 58
S.	SEX	6. COLOR OR RACE	7. MARE	IED NEVER MARE	RIED 🔲	8. DATE OF BIRT	Н	7100	<ol> <li>AGE (In years last birthday)</li> </ol>	IF UNDER	1 YEAR Days	Hours	ER 24 HRS.
	Female	White	WIDOW	ED DIVORC	ED 🔲	July 26	, 1889	9	69 yrs.	Monnis	Doys	nours	Min.
100	. USUAL OCCUPATION during most of work	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	JSTRY 11. BIRTHP	LACE (Stote	or foreign c	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY?
	Teacher			Education	1	Ke	ntucky	r		U.	S.A	•	
	FATHER'S NAME	9				14. MOTHER'S	MAIDEN N	IAME					
	David W. G	illiam				Ellen	Pace						
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY N	10. 17.			leo if	Record	ress			
	no. or unknown)	If yes, give wor or dates of	service]	None	- m				Betheso		Mos	wrl o	nd
H		TH   Enter only one co	ouse per li			na crimi	Cal U	anner,	Deulesc	B 14,		ryla RVAL B	
		TH WAS CAUSED BY:	D.		-1-1						ONS	ET AND	DEATH
	0 0	IMMEDIATE CAUSE (	"	neumonia							-	L da	У
	204.3	DUE TO											
	Conditions, if or gove rise to in		AC	cute myelo	eyti	c Leukem	la				-	5 AL	S.
	cause (a), slating		)										
	lying couse lost.	) (	:)										
CERTIFICATION	PART II. OTH	ier significant con	IDITIONS (	CONTRIBUTING TO D	EATH BU	T NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PAR	T 1(o) 1	PERFO	AUTOPSY ORMED?
	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURR	ED. (Enter nature o	of injury in P	art I ar Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED  Not while t of work	20e. P	LACE OF INJURY ( octory, street, offic	Home, farm, e bldg., etc.	20f. (Cit)	or town)	(	County)		(Stote)
	21 I certify th	at I attended the	deceas	ed from July	27	10 5	8 to Al	igust	22 1058	that 1	last so	w the	decensor
	alive on Aug			and the									
	dive on	/	, 12_	2 <u>0</u> , and inc	ii dedii	occorred at			n me causes ( treet, city or town,		ne aa		ea abave ATE SIGNED
	ACTUAL	Habeel	M-	. 0.		m)-				siore)			3-58
	ACTUAL SIGNATURE	110000	1300	en		. //·.D			Center	0 77	2	U-2	J <del>-</del> J0
	PHYSICIAN'S - NAME (Type)	Habeeb Ba	cchu	s, M. D.					Maryland		ilth		
220	BURIAL, CREMATIO	N, 22b. DATE THEREC		22c. NAME OF CE	METERY (	OR CREMATORY		22d. LOCA	TION (City, Iown,	or county)		(Slo	le)
Bu	remprading it	8/23/5	8	Maple	Law	n Park		Padu	cah, Ke	ntuck	y		
23.	EUNERAL DIRECTOR	SIGNATURE Pumphre	y-Be	ADDRESS thesda, M	aryl	and	240. REC'D	BY REGIS	TRAR 24b. REGI	STRAR'S SI	GNATU		

Pages 1 and 2 should be fred with TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cam ise as the burial-transit permit. Then please remaye carban pap totian, or remayal, and in any event within 2 hours ofter death. se as the burial-transit permit. page 3 shauld be detached for the registrar priar to burial, and

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VS A15 (4) 15M 10/57

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ow requires that the death certificate be executed within 24 hours after death. Page 4	rsician. been signed by the attending physician and care yely filled in by the funeral director, transit permit. Then please remove carbon pape Pages 1 and 2 shaughbe filed with	
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at the deoth certificate be execut	the attending physician ond can Then please remove carbon pap	ol, and in any event within 72 hours ofter death.
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MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
		and the same of th			

CERTIFICATE OF DEATH

	9352		CERTI	FICAT	E OF DEA	TH		Reg. Dist.	. No.	
1. PLACE OF DEATH a. COUNTY	MONTGOMERY		MARY		USUAL RESIDENCE ( a. STATE MAR	Where deceased YLAND		MONTG		issian)
RURAL and give n	If outside carporate limearest tawn) SILVER SPRI		c. LENGTH OF STAY		c. CITY OR TOWN (	If autside carpo ER SPRI		JRAL and giv	ve nearest to	wn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, 9813 ROSEN				d. STREET ADDRESS 9813 RO		L AVENUE		ON	ESIDENCE A FARM?
R. NAME OF DECEASED (Type or print)	HERBE		OSBORNE	Y	ARDLEY lost	4. DATE OF DEATH	AUGUS		Pay	Year 58
S. SEX MALE	6. COLOR OR RACE WHITE	7. MARRI WIDOWE	DIVORCED	0 4	13/89		9. AGE (In years last birthday) 69 yrs.		YEAR IF UN	1
auring most or wor	ON (Give kind of work king life, even if retired DAUTHOR	dane 10b. K	(IND OF BUSINESS OF	R INDUSTRY	11. BIRTHPLACE (SM WORTHING				S.A.	AT COUNTR
3. FATHER'S NAME ROBERT K	IRKBRIDE YA	RDLEY		1	MARY EMM		NE	SEL.		
	R IN U. S. ARMED FOR	enurel	OCIAL SECURITY NO. 5-26-3709	17. INFO	RMANT Edna R.	Yardley	. 9813 Re		eel Av	7e.
Canditions, if a gave rise to i cause (a), stating lying cause last.	the under-	)	anilus sono	al .	ercer	1080	lenge	رخم	Je	ai
<u> </u>	HER SIGNIFICANT CON	DITIONS CO	DNIKIBUTING TO DEA	TH BUT NO	RELATED TO THE TEL	RMINAL DISEASI	CONDITION GIVE	EN IN PART 1	PERF	ORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED. (E	nter noture of injury	in Part I ar Part	II of item 18.)			
20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Ye	While	JURY OCCURRED Not while at work	20e. PLACE factory	OF INJURY (Hame, fo , street, office bldg.,	etc.)	or town)	(Cou	unty)	(State)
21. I certify the alive on	at 1 attended the	decease , 195	d fram Form, and that	death ac	2. 195 910 curred of 115		19 5 the causes a reet, city or town, s	nd an the	date sta	
PHYSICIAN'S NAME (Type)	JOHN J.		Y 0		Si	lues	Spri	ing	he	1
20. BURIAL, CREMATIC REMOVAL (Specify) BURIAL		)F	22c. NAME OF CEME ARLINGTON		EMATORY ONAL CEMET	22d. LOCAT	ION (City, town, o RLINGTON	-		ole)
LOUMER DIRECTOR	85 GNATURE STEMPH	uey	ADDRESS SILVER	SPRIN		AUG 1 1	RAR 246 REGIS	TRAR'S SIGN	- /	

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SILVER SPRING, MD.

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